

The Corporation
of
The City of Cape Town



ANNUAL REPORT
of the
Medical Officer of Health
1958



22501416704

CITY OF CAPE TOWN.

Principal vital statistics for 1959.

Population.

	<u>Male</u>	<u>Female</u>	<u>Total</u>
All races	268,210	283,500	551,710
White	93,480	103,080	196,560
Non-White	174,730	180,420	355,150
Coloured	139,700	159,610	299,310
Native	30,240	17,560	47,800
Asiatic	4,790	3,250	8,040

Average population of Langa Native Township.

<u>White</u>		<u>Native.</u>		<u>Total.</u>
<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>	
10	11	21,151	3,760	24,932

Births.

	<u>Total live births</u>		<u>Corrected births</u>		<u>Birth rate</u>
	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>	
All races	9,399	9,086	8,090	7,849	28.9
White	2,606	2,414	1,972	1,800	19.2
Non-White	6,793	6,672	6,118	6,049	34.3
Coloured	5,739	5,732	5,267	5,293	35.3
Native	866	794	668	616	26.9
Asiatic	188	146	183	140	40.2

Plus 2 of unknown race or sex

Still Births.

	<u>Crude.</u>	<u>Corrected.</u>	<u>Still birth rate.</u>
All races	469	383	23.4
White	57	38	10.0
Non-White	412	344	27.5
Coloured	318	276	25.5
Native	86	61	45.4
Asiatic	8	7	21.2

Illegitimate Births.

	<u>Crude.</u>	<u>Corrected.</u>	<u>Still birth rate.</u>
All Races	3,716	3,048	19.2
White	261	154	4.1
Non-White	3,453	2,892	23.8
Coloured	2,925	2,476	23.5
Native	527	416	32.4
Asiatic	1	-	-

Births in Institutions.

	<u>Live Births</u>			<u>Still Births</u>		
	<u>Crude</u>	<u>Corrected</u>		<u>Crude</u>	<u>Corrected</u>	
		<u>No.</u>	<u>%</u>		<u>No.</u>	<u>%</u>
All races	11,450	8,918	55	310	224	59
White	4,558	3,291	87	50	31	82
Non-White	6,892	5,627	45	260	193	56
Coloured	5,085	4,200	40	186	145	53
Native	1,747	1,374	89	71	46	75
Asiatic	60	53	16	3	2	29

Deaths.

	<u>Crude</u>		<u>Corrected</u>		<u>Death rate</u>
	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>	
All races	3,281	2,717	2,695	2,309	9.07
White	1,255	1,070	1,032	925	9.96
Non-White	2,026	1,647	1,663	1,384	8.58
Coloured	1,678	1,395	1,403	1,198	8.69
Native	299	241	212	175	8.10
Asiatic	49	11	48	11	7.34

Plus 2 of unknown race or sex

Principal Causes of Mortality.

<u>White</u>			<u>Non-White</u>		
	<u>No.</u>	<u>Rate</u>		<u>No.</u>	<u>Rate</u>
Cardiovascular	711	3.6	Cardiovascular	535	1.5
Arterial	352	1.8	Diarrhoea	465	1.3
Neoplasms	335	1.7	Infancy	332	0.9
Violence	88	0.5	Arterial	320	0.9
Bronchitis and pneumonia	71	0.4	Bronchitis and pneumonia	251	0.7
Liver	36	0.2	Neoplasms	217	0.6
Infancy	35	0.2	Violence	213	0.6
Nephritis	33	0.2	Tuberculosis	182	0.5
Tuberculosis	33	0.2	Cong. malformation	45	0.1
Senility	24	0.1	Nephritis	36	0.1

Age at Death.

	<u>0 - 1</u>	<u>1 - 5</u>	<u>5 - 25</u>	<u>25 - 65</u>	<u>65+</u>
All races	1042	299	180	1682	1801
White	66	16	37	631	1207
Non-White	976	283	143	1051	594
Coloured	766	233	127	922	553
Native	192	50	15	110	20
Asiatic	18	-	1	19	21

Infant Mortality.

	<u>Neonatal</u>	<u>Post neonatal</u>	<u>Total</u>	
			<u>Deaths</u>	<u>Rate</u>
All races ^x	449	595	1044	65
White	45	21	66	17
Non-white	402	574	976	80
Coloured	332	434	766	72
Native	60	132	192	149
Asiatic	10	8	18	56

^xIncluding 2 of unknown race

Principal Causes of Infant Mortality.

	<u>White</u>		<u>Non-White</u>	
	<u>No.</u>	<u>Rate</u>	<u>No.</u>	<u>Rate</u>
Diarrhoea	1	0.3	350	28.8
Bronchitis and pneumonia	10	2.6	142	11.7
Immaturity	16	4.2	157	12.9
Birth injury	7	1.8	62	5.1
Cong. malformation	15	4.0	36	3.0
Tuberculosis	-	-	13	1.1

Maternal Mortality.

	<u>No.</u>	<u>Rate</u>
All races	15	0.9
White	1	0.3
Non-White	14	1.1

Infectious Diseases Notified.

	<u>Total</u>	<u>White</u>	<u>Non-White</u>
Tuberculosis, pulmonary	1,460	148	1,312
Tuberculosis, other	203	22	181
Enteric	29	5	24
Diphtheria	80	17	63
Scarlet fever	166	147	19
Poliomyelitis	76	16	60
Whooping cough	123	10	113
Cerebrospinal fever	19	8	11
Erysipelas	9	7	2
Encephalitis	11	1	10
Puerperal fever	7	-	7
Leprosy	1	-	1
Ophthalmia neon.	481	9	472

Child Welfare.

	<u>New cases.</u>	<u>Total.</u>
Attendances at infant consultations	15,982	204,933
Attendances at pre-natal clinics	8,295	34,217
Attendances at school clinics	5,420	16,493
Attendances at post-natal clinics	1,012	4,219
Attendances at orthopaedic clinics	224	7,135
Attendances at day nurseries	160	59,272
Diphtheria immunization		26,256
Visits by health visitors		155,455

Dental Clinics.

Sessions	3,291
New cases	29,453
Total attendances	58,700

Tuberculosis Clinics.

Sessions	1,292
New cases	11,499
Total attendances	55,262

Venereal Disease Clinics.

Sessions	1,101
New cases	3,573
Total attendances	13,496

Sanitary Administration.

Visits by health inspectors	152,264
Visits by ratcatchers	121,634
Rodents caught	9,782
Notices served	3,565
Foodstuffs analysed	756
Legal proceedings	32
Attendances at washhouses	51,096
Attendances at shower baths	30,063

Dwellings completed	2,706
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Daily average of patients in City Hospital	354
Daily average of patients in Brooklyn Chest Hospital	317
Daily average of patients in Langa Hospital	23

The Corporation
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The City of Cape Town



ANNUAL REPORT
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Medical Officer of Health
1958

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THE CORPORATION OF THE CITY OF CAPE TOWN.

Report of the Medical Officer of Health

FOR THE YEAR 1958.

TO HIS WORSHIP THE MAYOR AND COUNCILLORS
OF THE CITY OF CAPE TOWN.

Ladies and Gentlemen,

I have the honour to present my report on the health conditions of the City of Cape Town, together with an account of the work carried out by the City Health Department, for the year 1958.

Vital Statistics.

The population of the city, estimated as at 30th June, 1958, the middle of the year, was 534,220 (195,310 Europeans and 338,910 non-Europeans).

This is calculated from the previous census figures. In addition, there were on the same date 24,217 persons in the Langa African Township. The rate of natural increase has fallen slightly among non-Europeans, but this figure bears no relation to the calculated increase which has always proved to be much nearer to actual fact in a growing community.

The recent announcement by the Government that a Census would be taken in 1960 is most welcome. As recorded in the annual report for 1957, it is surmised from the trend of various statistical rates that the estimated population may well be diverging from fact. A Census will therefore not only enable these rates to be corrected, but the estimate of population will be projected forward with greater accuracy.

Births.

According to the returns of the local Registrar of Births and Deaths, 3,677 European and 11,644 non-European live births were registered during the year as belonging to the Municipality of Cape Town. This is equal to a birth rate of 18.8 for Europeans and 34.4 for non-Europeans. The European birth rate is the highest since 1951. Part of the fall in the non-European birth rate, as well as the reduction in the actual number of births, can be attributed to the non-registration of many births in this racial group. Any attempt to rectify this state of affairs would involve considerable official effort, and falls outside the scope of this Department.

The number of confinements of women, mainly non-Europeans, not resident in the city continues to decline.

The percentage of city live births occurring in institutions rose from 51 to 54 per cent and is reflected in all the races.

Preponderance of male over female births continued. Illegitimacy among Europeans now stands at the highest level since 1945. There has been a slight increase in the number of non-European still births.

Deaths.

The total number of deaths registered as belonging to the Municipality was 1,885 European and 3,365 non-European, equivalent to death rates of 9.65 for Europeans, 9.93 for non-Europeans and 9.84 for all races. These rates show a slight reduction from the previous year.

Diseases of the cardiovascular system, and in particular a sharp rise in the number of deaths from coronary thrombosis, increased an already substantial lead among the principal causes of death in Europeans.

Among non-Europeans, diarrhoea and enteritis once again assumed the role of killer number one. This trend is difficult to explain, although climatic conditions over the whole year were such as to favour the occurrence of this disease. Deaths from tuberculosis continue to decline.

An unusually large number of deaths from burns occurred during the year, many of which occurred as the result of conflagrations due to exploding pressure cookers, or the overturning of open coal braziers.

Infant Mortality.

A slight decrease in the European infant mortality rate has to be recorded, together with a nearly similar increase amongst the non-European. The latter would, to some extent, be accounted for by the fact that certain births in this group are again not being notified. The rate is still, however, low enough to be considered very satisfactory. Unfortunately, infant deaths from gastro-enteritis rose sharply despite the constant vigilance of the Maternal and Child Welfare Section of the Department. The persistence of prematurity as a cause of infant death is disheartening and indicative of some serious general departure from natural motherhood. The key to this problem has still to be found, so that it behoves the Paediatricians, the Obstetricians and the Health Personnel to examine, investigate and collate all available information on this subject with a view to finding the solution.

It is a great satisfaction to be able to report that no maternal deaths occurred amongst Europeans during the year under review, and that there was a reduction in the number of deaths from this cause in the non-Europeans. The maternity, medical, midwifery and Health services can all take credit for this happy position.

Infectious Diseases.

The continued decline in the incidence of enteric fever is most gratifying and encourages the Department in its efforts at investigating each and every reported case with a view to tracing carriers and its publicity regarding the importance of personal hygiene, especially amongst food handlers.

Records show that the incidence of diphtheria in Cape Town is directly related to the immunisation programme carried out by the Department, but the occurrence of 76 proved cases in the year under review is most disheartening when related to the scale of immunisation carried out. 51 cases out of 61 under the age of 10 years had no record of previous diphtheria immunisation.

Scarlet fever showed a slightly increased incidence following a regular annual decrease since 1953. The disease continues to be mild, with very few complications, and many cases are being nursed at home.

During 1958 a further outbreak of Coxsackie B infection was reported from one of the teaching maternity units of the City. This is more fully detailed later in the report.

An unusual episode of mussel poisoning occurred in the city during the year under review involving four individuals, one of whom died with severe respiratory paralysis. This is also detailed elsewhere in the report. The consumption of this type of shell fish, while at times safe, can at other times result in severe and fatal toxic symptoms, so that the general advice to the public has been that mussels as an article of diet should be avoided.

Ophthalmia neonatorum notifications, at 514, show an increase over previous years and is the largest figure on record. This might be due to better notification on the part of the medical profession, or to defects in the form of treatment applied to the conjunctiva of the newborn. It is not without significance that of 470 swab results taken from this series, no less than 51 were positive for gonococcus.

Tuberculosis.

The total number of confirmed cases fell during the year, but the incidence among Africans at Langa Township, in supposedly better living conditions compared with those living elsewhere in the city, was again higher.

Augmented anti-tuberculosis services in the African areas may be responsible for the upsurge in new cases. The increasing proportion of children notified each year is claimed to be partially artificial owing to their readier attendance at clinics, but this situation is favourable to public health in that the annual crop of new cases contains a smaller proportion of adult tuberculosis, the type responsible for the spread of the disease.

Venereal Diseases.

New cases attending the municipal treatment centres have increased for the first time since 1949. The significance in the steadily mounting toll of gonorrhoeal infections can only be explained by continued promiscuity of the population, and a large female reservoir of untreated infection. The apparent reversal of trend in the incidence of syphilis will be watched with interest.

Child Welfare.

No better indication of the important part played by the Maternal and Child Welfare Branch of the Department is the fact that 95 per cent of all non-European babies born during the year in the City were brought at one time or another to the child welfare centres. The work of the staff finds its most rewarding efforts in dealing with this lower socio-economic group who invariably have large families and live under anything but satisfactory conditions. The reduction in the infantile mortality rate, the improvements in personal hygiene and the added knowledge regarding correct feeding over the past decade or two is very definitely the result of the activities of this Branch of the Department. Until overcrowding has been materially improved, it is unlikely that the present statistical figures will show any marked improvement in this racial group.

Dental Branch.

The work of this branch continues to expand steadily — especially in the suburban areas. The new clinic at Retreat has proved its need in providing a very necessary service in a rapidly growing non-European area.

Public Health Inspection.

As in previous years a substantial increase in visits by the health inspectors has to be recorded. Particular emphasis has been paid to all types of food premises, and the sampling of foods under the Foods, Drugs and Disinfectants Act of 1929 reveals that many foods, such as milk, which were frequently found not to comply with the required standards, are now by and large very satisfactory.

The use of modern pesticides is occasioning difficulty to the inspectorial staff responsible for checking produce on the local markets. In all two-hundred and twenty tons of foodstuffs were condemned for a variety of reasons as unfit for human consumption. Owing to the chronic shortage of certificated staff, the amount of time devoted to market control has perforce to be limited.

Milk.

Figures quoted later in this report indicate how compulsory pasteurisation of the city's milk supply has, as revealed by bacteriological testing, been successful in improving the quality. During the year more exacting bacterial tests were brought into use.

The bacterial standards of raw milk prior to pasteurisation has also indicated a very marked improvement occasioned by the constant and close check carried out by the Veterinary Officer and his dairy staff on all producers. The aim of the Branch has been the pasteurisation of as clean a milk as it is possible to produce.

Two outbreaks of anthrax amongst dairy cattle occurred during the year. Strict isolation and immunisation of all animals, and the exclusion of all milk and cream from the affected farms, was immediately applied.

City Hospital for Infectious Diseases.

Fewer patients were isolated in the City Hospital than in former years. Apart from poliomyelitis, where a very marked fall occurred as compared with 1957, only minor changes in the number of admissions of the other common infectious diseases occurred.

Brooklyn Hospital for Chest Diseases.

This hospital was kept working to full capacity during the year. Two additional wards -- originally used as annexes to the non-European nurses' home -- were fully equipped, but owing to staff difficulties were not brought into use in the year under report.

Housing.

The Council maintained the tempo of building operations in the economic, sub-economic and hire-purchase fields, but there was little activity in the municipal area by the public utility companies. In all 886 units were erected for non-Europeans and 37 for Europeans by the Council's building unit. This figure is still far short of the requirements of housing for this section of the population.

Acknowledgements.

I desire to acknowledge with gratitude the loyal support and ever willing assistance given to me by all members of my staff, and also the consideration and much appreciated help afforded to me at all times by the Chairman and members of your Health Committee and other members of the Council.

I am, Ladies and Gentlemen,
Your obedient servant,

E. D. COOPER.

M.D., F.R.F.P.S. (G.), D.P.H. (Glas.), F.R.S.H.
Professor of Public Hygiene, University of Cape Town.
Medical Officer of Health.

CITY HEALTH DEPARTMENT,
Libertas,
Hertzog Boulevard,
CAPE TOWN.
November, 1959.

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MUNICIPALITY OF THE CITY OF CAPE TOWN.

LEADING STATISTICS, YEAR ENDED 31st DECEMBER, 1958.

					<i>European.</i>	<i>Non-European</i>	<i>All races.</i>
Area:— 55,308 acres.							
Total population	..	..	..	..	195,338	362,899	558,237
Population (excluding the African Township of Langa)	..	..	..	..	195,310	338,910	534,220
Birth rate	..	..	..	..	18.8	34.4	28.7
Death rate	..	..	..	..	9.7	9.9	9.8
Infant mortality rate		..	..	..	23.1	97.6	80.2
Maternal mortality rate	..	.	..	..	—	1.3	1.0
Tuberculosis death rate	..	..	..		0.18	0.69	0.51
Enteric incidence rate	..	..	..		0.01	0.13	0.09
Enteric death rate	..	..	..	..	—	0.01	0.00

All the above rates are annual and expressed as per 1,000 population of each class, except the infant and the maternal mortality rate, the former being expressed as per 1,000 live births occurring during the year (corrected) and the latter per 1,000 live and still births. The figures for the Langa African Township are excluded from these rates.

RAINFALL.

Amount in inches	14.89	(Average 21.36)
No. of rainy days	79	(Average 103)

TEMPERATURE.

Maximum	98.6F	(Average 58.9F)
Minimum	40.3F.	



REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1958.

SECTION I. NATURAL AND SOCIAL CONDITIONS.

PHYSICAL GEOGRAPHY.

Cape Town is situated at the northern end of the Cape Peninsula. The Peninsula lies off the west coast of the mainland of South Africa, extending from north to south a distance of about 33 miles and attaining a maximum width of about ten miles. Its average width east and west may be estimated at five miles. The northern half of its eastern side is connected with the mainland by a wide low-lying sandy isthmus, known as the Cape Flats, which separates Table Bay to the north-west from False Bay to the south-east. The narrowest part of the isthmus measures about twelve miles from sea to sea.

The backbone of the Peninsula is a mountain range which extends from Table Mountain (3,549 ft.) at its north end to Cape Point at the south. The land slopes from the mountains to the sea or, where the isthmus joins the Peninsula, to the Cape Flats. While much of the Peninsula area lies at heights of over 1,000 ft., most of the isthmus does not reach 100 ft., and a rise of sea level would convert the Peninsula into two islands nearly equal in area.

From the bottom of the slope below the face of Table Mountain there extends down to Table Bay a bed of alluvial deposits, on which a good deal of old Cape Town is built. At the shore of the Bay there is a considerable area of land that has been reclaimed from the sea as the result of the construction of the new harbour.

The City of Cape Town consists of a central portion which, before the City extension of 1913, constituted the whole Municipality and is sometimes known as Cape Town proper or central Cape Town (Wards 2-6), and a chain of suburbs on either hand. The central portion lies in the amphitheatre which, extending down to Table Bay towards the north-east, is backed on the other sides by the precipitous face of Table Mountain and on its outlying masses, Devil's Peak on the east and Lion's Head and Signal Hill on the west. It therefore lies between the mountain and the sea, and, unlike the centre of most cities, is not surrounded by its suburbs.

The suburbs extend beyond this amphitheatre on either hand. To the west, the marine suburbs, known as Green Point, Sea Point, Clifton, Camps Bay and Bakoven (Ward 1 and part of Wards 2 and 3) lie along the Atlantic sea board for a distance of about six miles curving with the coast in a southerly direction. They are on the seaward slopes of Signal Hill and Lion's Head.

To the east the "Southern Suburbs" (Wards 7-9 and 11-15) extend around Devil's Peak and are stretched for about sixteen miles along the road and suburban railway line which after rounding Devil's Peak pass along the eastern side of Table Mountain in a southerly direction to the shore of False Bay. Woodstock and Salt River (Wards 6 and 7), next to Cape Town proper, slope down to Table Bay, and at the other end Muizenberg, St. James and Kalk Bay (Ward 15) lie on the False Bay coast. The string of suburbs between, known successively as Observatory, Mowbray, Rosebank, Rondebosch, Newlands, Claremont, Kenilworth, Wynberg, Plumstead, Diep River, Heathfield, Retreat and Lakeside, lie on the eastern slopes of the mountain range, and, to a greater extent, on the Cape Flats below them. The Municipality extends over the Flats to a varying depth up to $4\frac{1}{2}$ miles, and the parts on the Flats contain a number of scattered townships and estates, some of which are served by the Cape Flats railway, which forms a loop lying in a more easterly position than the suburban line.

There is an extension of the Municipality beyond Salt River in a north-easterly direction on the Flats bordering Table Bay. This (Ward 8) includes the suburbs of Maitland, Brooklyn, Rugby, Kensington and Windermere which, together with other townships lying outside the municipal area of the city and following the main road to the north, are known as the "Northern Suburbs".

AREA.

The area of the Municipality of Cape Town on 31st December, 1958 amounted to approximately 55,308 acres or 86.4 square miles. The length of the main road passing through the Municipality from the boundary at Bakoven to that of Clovelly is about 26 miles.

CLIMATE.

Cape Town is situated Lat. $33^{\circ} 56' S.$, Long. $18^{\circ} 30' E.$ Its climate is largely determined by the fact that during the summer season the prevailing winds are south-easterly and in the winter season north-westerly; and that the western shore of the Cape Peninsula is washed by a cold current from the Antarctic.

There is an average of nearly three thousand hours of bright sunshine per year, and the temperature is very equable. The rainy season is in the winter, but occasional showers occur in the summer also.

The parts of the Municipality on the two seaboard are much frequented by holiday-makers from other parts of the country. To the attractions of the climate are added the great natural beauties of the Peninsula and its neighbourhood.

From the point of view of public health Cape Town belongs definitely to the temperate zone, and tropical diseases, except in imported cases, are entirely absent. The state of health and the mortality statistics of the European part of the population are much the same as in a healthy European town.

*The geological particulars in this section are taken from "Chapman's Peak" Guide Book of International Geological Congress, XV Session, South Africa, 1929, by Andrew Young, D.Sc.

SOCIAL AND ECONOMIC CONDITIONS.

Thirty-five per cent of the total population of the Municipality of Cape Town (including Langa African Township) of over 558,000 consists of Whites, or "Europeans". The remaining 65 per cent are commonly designated as "non-Europeans", 79 per cent of whom are of the mixed race known as Cape Coloured, and the remainder Africans and Indians.

The Cape Coloured are largely the descendants of the slaves of earlier days, whose emancipation was completed in 1835. Their ancestors of the eighteenth century and earlier were mainly Europeans, Hottentots, blacks from Mozambique, Madagascar and other parts of Africa, and East Indians from the Dutch East Indies. In more recent years they have received additions from European, Bantu and other stocks.

There is one section of the Cape Coloured, Moslem in religion, known as "Malays", who are more immediately descended from the Dutch East Indians. Though they possess a larger infusion of this strain, they are much mixed with the other elements present in the Cape Coloured generally.

The social and economic conditions of the Cape Coloured are on the whole unsatisfactory. A part of them have skilled trades and earn good wages but the majority are unskilled labourers and many of the men earn less than 70s. a week when in full work. The position is aggravated by the large size of the families, but the family income is eked out when possible by earnings brought in by the wife and children. The measures taken for the prevention and relief of distress are inadequate, and there is no compulsory insurance against sickness. There is much undernourishment, and housing accommodation is expensive and bad. The social and cultural level is low. The principle of compulsory education does not apply to non-Europeans, and, though there are some good Coloured schools, the general level of schooling is low, and there is a lack of discipline in adolescents and a serious problem caused by Coloured delinquency. The illegitimacy rate is high and venereal disease is rife. The social contrast between the Europeans and Cape Coloured can be expressed by the statement that whereas in the whites it is only a small minority that belong to the depressed classes, in the Coloured it is the majority. The same contrast is seen in housing conditions; it is a small minority of Europeans who live in slum conditions, but a majority of the Coloured.

The Africans constitute only 19 per cent. of the non-Europeans. They live in the Council's African township, or as ordinary non-European residents in the city (where they are mostly slum dwellers), or in unsanitary shacks on the Cape Flats, or on their employers' premises. The segregation prescribed by the Natives (Urban Areas) Act is by no means completely enforced, for the reason that the houses in the township are too few to accommodate the population to be housed. Many of the Africans are men from the Native territories who still retain their link with the territories and commonly return there eventually; but there is an increasing population of detribalized Africans who are permanently resident in Cape Town and live here with their families. Their social and economic conditions are on the whole worse than those of the Coloured people.

The Indians are 7,800 in number. They are nearly all traders, and they are better off than the Cape Coloured. Some of them are making good progress in business and becoming well-to-do.

There are parts of the city where the inhabitants are mainly non-European, and other parts that are exclusively occupied by Europeans and their non-European servants. The various sections of the community, however, are to a great extent intermingled, and there is nothing approaching complete segregation of the races. The geographical disposition of white and Coloured is very much the same as that of well-to-do and poor in a European town. In the operations under the Housing Act the estates for Europeans are separate from those for non-Europeans, and this will contribute to progressive residential separation. The provision of a Native township has the same effect.

Striking contrasts are presented by the vital statistics of the different races, which will be found in the next section of this report.

WATER SUPPLY.

The water consumption in the city averages 28.6 million gallons per day, varying from 47 million gallons per day during peak periods in the summer, to 17 million gallons per day during the winter. The supply is drawn from Wemmershoek Dam in the Paarl district — capacity 13 thousand million gallons; the Steenbras Dam, near Gordons Bay — capacity 7½ thousand million gallons; and five reservoirs on Table Mountain — total capacity 520 million gallons.

Fourteen local authorities obtain their supplies of water from the Cape Town undertaking.

DRAINAGE.

Practically the entire built-up area of the municipality is provided with water-borne sanitation.

The principal sewage treatment plant is located at Athlone with a present dry weather flow of 12.5 million gallons per day. The Athlone plant is now completely surrounded by residential areas and is only 5 miles from the centre of the city. Extensions at present in hand and scheduled to be completed by 1962 will increase the capacity of this plant to 18 million gallons per day.

MARKETS.

The city's fruit and vegetable wholesale market is situated in Sir Lowry Road in the heart of a thickly populated area. Details of inspections and foodstuffs condemned will be found on page 74. The wholesale market, which is at present greatly congested, is being replaced by a new £1,156,000 market at Epping where an initial covered area of 6 acres is in the process of erection.

ABATTOIRS.

The accommodation at the municipal abattoirs at Maitland has been strained for some time, and extensions involving an expenditure of some £940,000 are contemplated, which, when completed, are expected to be adequate for the city's needs for the next 25 years. Details of meat condemned during the year will be found on page 73.

MUNICIPAL WARDS.

The following is a guide to the municipal wards, together with the density of the estimated population:—

<i>Wards</i>	<i>District</i>	<i>Density per acre.</i>
1. Sea Point	25
2. Green Point and harbour area	18
3. Signal Hill, Kloof, Camps Bay	10
4. Gardens '	10
5. Upper Castle area and Bloemhof	30
6. Lower Castle area and Woodstock	54
7. Part of Woodstock and Salt River	33
8. Maitland, Brooklyn, Windermere	14
9. Part of Salt River, Observatory, Mowbray and part of Rosebank	21
10. Athlone to Lansdowne (Flats side)	11
11. Rondebosch	11
12. Newlands and part of Claremont	14
13. Part of Claremont and Kenilworth	17
14. Wynberg, Plumstead, Southfield	15
15. Diep River to Clovelly	2
— City	9

SECTION II.—VITAL STATISTICS.

The vital statistics in this report refer to the Municipality of Cape Town and are for the calendar year 1958. Births and deaths are attributed to date of registration.

Unless the contrary is stated, all statistics in this report are exclusive of the Langa African Township, by reason of its rapidly changing, migratory population. These are shown separately.

The birth and death statistics are shown variously as:—

"Crude or uncorrected", including all births and deaths registered during the year as having occurred in the Municipality of Cape Town.

"Corrected for outward transfers", which is the foregoing after deduction of deaths in Cape Town of persons who were not Cape Town residents, and births in Cape Town to mothers who were not Cape Town residents.

"Corrected", which is the foregoing after the addition of locally registered births and deaths of Cape Town residents occurring outside the municipal area.

Information as to births and deaths, including inward and outward transfers, is extracted from the records, and by courtesy of the local Registrar of Births and Deaths.

In the Table on page 94 of this report the record of vital statistical rates is set out for a series of years.

Rounding: Figures are rounded off independently of one another and, therefore, may not add to totals.

POPULATION.

The estimated population of the Municipality of Cape Town (excluding Langa African Township) for the year under report and the previous year is shown in the following table. It is calculated for the middle of the period (30th June) from the 1951 and 1946 census.

Race	1958			1957		
	Males.	Females.	Persons.	Males.	Females.	Persons.
European	92,888	102,422	195,310	92,303	101,777	194,080
Coloured	133,561	152,599	286,160	127,689	145,891	273,580
African	28,390	16,490	44,880	26,657	15,483	42,140
Asiatic	4,686	3,184	7,870	4,591	3,119	7,710
Non-European	166,637	172,273	338,910	158,937	164,493	323,430
All races	259,525	274,695	534,220	251,240	266,270	517,510

The rates for the Municipality of Cape Town for the year under review are based on the above figures.

An approximation of the population in the various wards of the city at 30th June (exclusive of shipping, travellers and Langa African Township), together with the related vital statistics will be found in Table I on page 91.

The following is an annual average of the population of Langa African Township based on an enumeration made at the end of each month by the Township authorities:—

Europeans.		Africans.		Total.		
Males.	Females.	Males.	Females.	Males.	Females.	Persons.
14	14	20,343	3,646	20,357	3,660	24,017

BIRTHS.

The births, birth rates and rates of natural increase per 1,000 population were as follows:—

Race	Total live births		Outward transfers		Inward transfers		Corrected births	Corrected birth rate	Birth rate 1957	Rate of natural increase
	M.	F.	M.	F.	M.	F.				
European	2,545	2,363	632	624	12	13	3,677	18.8	18.4	9.2
Coloured	5,468	5,403	471	435	1	5	9,971	34.8	37.3	25.2
African	799	851	122	157	—	—	1,371	30.5	30.2	18.5
Asiatic	154	156	3	5	—	—	302	38.4	44.6	29.0
Non-European	6,421	6,410	596	597	1	5	11,644	34.4	36.5	24.4
All races*	8,966	8,773	1,228	1,221	13	18	15,329	28.7	29.8	18.8

*Including 8 of unknown race.

The European birth rate is the highest since 1951 and increased by 2.2 per cent over the previous year, and is now 3.3 per cent higher than the average of the previous five years. The non-European birth rate decreased by 5.8 per cent, and the actual number of births registered decreased by 1.5 per cent.

For statistical purposes, birth rates are based on the number of births registered by the Registrar of Births and Deaths; but it is interesting to note that the number of confinements notified direct to this Department by midwives, etc., under municipal regulations relating to Early Notification of Births were in excess of the previous year. It would appear from this that the problem of non-registration of births is re-asserting itself.

The greatest natural increase continues to be in Ward 14 for Europeans and in Ward 10 for non-Europeans.

The number of male births per 100 female births was 109.9 among the Europeans and 100.1 among the non-Europeans (100.5 Coloured, 97.6 African, 100.0 Asiatic).

Illegitimate live births during the year were as follows:—

Race.	Crude.	Outward transfers.	Percentage of corrected births.	Percentage 1957.
European	231	83	4.0	3.6
Coloured	2,772	433	23.5	24.5
African	509	95	30.2	32.9
Asiatic	4	—	1.3	0.6
Non-European	3,285	528	23.7	24.7
All races*	3,524	611	19.0	19.8

*Including 8 of unknown race.

The percentage of European illegitimate births has been slowly rising over the past 10 years in contrast to a slow reduction in the non-European figures.

In the case of 165 pairs of twin births, which occurred during the year, the details are as follows:—

Race.	No. of pairs.	Children.					
		Both males.		Both females.		Mixed.	
		Legit.	Illegit.	Legit.	Illegit.	Legit.	Illegit.
European	31	12	—	6	—	13	—
Non-European	134	39	8	36	9	34	8
Total	165	51	8	42	9	47	8

There was also one set of European triplets (all males), and two sets of non-European triplets (one set all males and the other set all females).

The percentage of illegitimate twins is 15 as against 19 in the previous year.

STILL BIRTHS.

Race.	Crude Total.	Outward Transfers.	Inward Transfers.	Corrected Total.	Still birth Rate.	1957 Rate.
European	77	25	—	52	13.9	14.3
Coloured	315	33	—	282	27.5	25.2
African	92	20	—	72	49.9	50.7
Asiatic	11	—	—	11	35.1	25.5
Non-European	418	53	—	365	30.4	28.0
All races	495	78	—	417	26.5	24.9

The rate is calculated as per 1,000 maternities.

Compared with the previous year, a slight increase in the still birth rate occurred amongst non-Europeans, together with a slight improvement in the whole group.

BIRTHS IN INSTITUTIONS.

Race.	Live births.			Still births.			Neonatal deaths in institutions.	
	Crude Total.	Corrected.		Crude Total.	Corrected.		No.	%
		No.	%		No.	%		
European	4,395	3,148	86	67	42	81	56	1.8
Coloured	4,655	3,812	38	179	147	52	254	6.7
African	1,567	1,271	93	79	59	82	44	3.5
Asiatic	51	46	15	3	3	27	6	13.0
Non-European	6,273	5,129	44	261	209	57	304	5.9
All races	10,668	8,277	54	328	251	60	360	4.3

The number of institutional births for both the White and non-White groups shows an appreciable rise, added to which is the fact that fewer outside residents were confined in lying-in hospitals in the city.

Although the infants shown in the above table as having died were not necessarily all born in hospital, it is a pity to have to record an increase in this class of mortality.

Table G on page 89 will show the registered births and still births for the year classified in wards as to race, sex, legitimacy and the percentage of total births occurring in institutions.

In Table H on page 90 the number of births which took place in the various institutions in the municipality is listed.

The annual birth rates since Unification (1913) are set out in years and quinquennia in Table L on page 94.

In Table M on page 95 the birth rates of certain other towns in the Union and for England and Wales are set out for purpose of comparison.

Births registered as belonging to Langa African Township are excluded from the foregoing figures. Particulars regarding these will be found in Table G on page 89.

BIRTH RATES.

The following table shows the variation in the number of births and birth rates per 1,000 population for the Municipality of Cape Town over a period of five years. The rates for 1956 are corrected for inward and outward transfers, but in previous years for outward transfers only.

Race.	1958		1957		1956		1954-55		1953-54	
	Live births.	Birth rate.	Live births.	Birth rate.	Live births.	Birth rate.	Live births.	Birth rate.	Live births.	Birth rate.
European	3,677	18.8	3,575	18.4	3,587	18.6	3,356	17.6	3,450	18.2
Coloured	9,971	34.8	10,202	37.3	9,189	35.1	9,118	37.4	8,872	38.1
African	1,371	30.5	1,274	30.2	1,059	26.8	1,140	31.8	1,126	33.4
Asiatic	302	38.4	344	44.6	332	44.0	347	47.5	375	52.4
Non-European	11,644	34.4	11,820	36.5	10,580	34.3	10,605	37.0	10,373	37.9
All races*	15,329	28.7	15,405	29.8	14,171	28.3	13,973	29.3	13,833	29.9

*Including those of unknown race.

GENERAL MORTALITY.

The deaths and death rates per 1,000 population are shown in the following table:—

Race.	Crude Total.		Outward Transfers.		Inward Transfers.		Corrected Deaths.	Death rate.	1957 rate.
	M.	F.	M.	F.	M.	F.			
European	1,249	988	259	174	45	36	1,885	9.65	9.96
Coloured	1,672	1,547	295	249	33	42	2,750	9.61	10.23
African	403	306	106	75	6	7	541	12.05	13.55
Asiatic	64	19	7	2	—	—	74	9.40	7.39
Non-European	2,139	1,872	408	326	39	49	3,365	9.93	10.60
All races*	3,388	2,860	667	500	84	85	5,259	9.84	10.38

*Including 9 of unknown race.

The steady decline in the general death rate since 1952, which was interrupted in the previous year, again resumed its downward trend in the year under review. Decreases of 3.1 and 5.2 per cent for Europeans and non-Europeans respectively are recorded.

The main variation in the European group was a decrease in the number of deaths from cancer, and an increased number from arteriosclerotic heart disease, including coronary disease and vascular causes.

Among non-Europeans fewer deaths from arteriosclerotic heart disease and tuberculosis were offset to some extent by an increase in the number of deaths from gastro enteritis.

The total deaths from the infectious group of diseases were far fewer than in the previous year, with particular emphasis on tuberculosis, as previously mentioned.

Reference to Table I on page 91 will show the deaths and death rates for the separate wards of the city.

Table L on page 94 sets out the annual death rates in years and quinquennia since Unification in 1913.

For the purpose of comparison the death rates for certain other towns in the Union and for England and Wales are set out in Table M on page 95.

Deaths registered as belonging to Langa African Township are not included in the foregoing figures. Particulars regarding these will be found in Table A on page 81.

PRINCIPAL CAUSES OF MORTALITY.

Among Europeans cardiovascular diseases continue to be the major cause of death. In this group arteriosclerotic heart disease, including coronary disease with a sharp rise in number over the previous year, was by far the highest individual killer. Cancer and arterial diseases alternate annually as claimants for second position. Congenital malformation as a cause of death appears in the list for the first time, not by reason of any increase in its incidence, but because senility as a cause of death is not as popular a diagnosis as it previously was.

The non-European cause of mortality in order of precedence is greatly changed compared to the previous year. This is largely occasioned by the fact that the deaths in this group are spread over a wide range of causes. The fact that diarrhoea and enteritis again head the list can only occasion disappointment, especially when it is realised what amount of care, attention and education is provided by the medical and health visitor staff of the Child Welfare Branch in their efforts to prevent and combat this condition.

The following table summarises in accordance with the International Classification list the ten principal causes of mortality in the Municipality of Cape Town and the corresponding death rate for each cause for Europeans and non-Europeans (corrected).

Int. Code No.	European.			Int. Code No.	Non-European.		
	Cause of Death.	Deaths.	Death rate.		Cause of Death.	Deaths.	Death rate.
410-416 420-422 430-434 440-443 330-334 450-456	Cardiovascular diseases (including hypertension with heart disease)	701	3.59	571, 764	Diarrhoea and enteritis (including diarrhoea of the newborn)	612	1.81
140-205	Arterial diseases (including vascular lesions affecting central nervous system)	356	1.82	410-416 420-422 430-434 440-443 760-762 765-776	Cardiovascular diseases (including hypertension with heart disease)	535	1.58
E800-E999	Malignant neoplasms (including neoplasms of lymphatic and haematopoietic tissues) ..	304	1.56	330-334 450-456	Certain diseases of early infancy (excluding pneumonia and diarrhoea of the newborn)	356	1.05
490-493 500-502 763	Accidents, poisonings and violence (external cause)	85	0.44	490-493 500-502 763	Arterial diseases (including vascular lesions affecting central nervous system)	342	1.01
760-762 765-776	Bronchitis and pneumonia (including pneumonia of the newborn)	63	0.32	001-019	Bronchitis and pneumonia (including pneumonia of the newborn)	316	0.93
001-019	Certain diseases of early infancy (excluding pneumonia and diarrhoea of the newborn)	42	0.22	E800-E999	Tuberculosis (all forms)	235	0.69
590-594	Tuberculosis (all forms)	35	0.18	140-205	Accidents, poisonings and violence (external cause)	220	0.65
580-583	Nephritis and nephrosis	31	0.16	590-594	Malignant neoplasms (including neoplasms of lymphatic and haematopoietic tissues) ..	209	0.62
750-759	Diseases of the liver	24	0.12	750-759	Nephritis and nephrosis	47	0.14
	Congenital malformations	22	0.11		Congenital malformations	39	0.12

The deaths listed above account for 87 per cent. of all deaths.

Further details of the deaths for the year 1958 will be found in Tables A to C, pages 81 to 83, and in Table D, on pages 84 and 85, the rates of mortality of a short list of causes are shown by race with the corresponding figure for the previous ten years.

The contrast between the races is largely due to two factors, viz. (1) the prominence in non-Europeans of deaths from causes associated with bad social and economic conditions; and (2) the difference in the age constitution of the two populations. Thus tuberculosis, diarrhoea and enteritis, bronchitis and pneumonia, which are fostered by bad living conditions, result in a greater mortality in the non-European groups. As regards the age factor, bronchitis and pneumonia, diarrhoea and enteritis, measles, whooping cough and the conditions in the "congenital" category, chiefly affect young children; and the large corresponding death rates in non-Europeans are in part due to the mere fact that there is a greater proportion of young children in the non-European population than in the European. (The figures for infant mortality in Table K, on page 93, afford a comparison between the races free from the distortion caused by difference in age constitution.) Similarly cancer, circulatory diseases and diabetes occur especially in middle and old age, and the prominence of the mortality rates from these diseases in Europeans is mainly due to the larger proportion of people of such age in the European population. In other words a larger proportion of non-Europeans die before reaching the age when they are most liable to develop such diseases (see table, Age at Death, page 18).

SEASONAL VARIATION.

The seasonal variation in mortality is shown in the table below and in Table C on page 83, where the deaths for the year 1958, classified for certain causes are set out according to the month of registration.

	1953	1954	1955	1956	1957	Mean 5 years.	1958
January	441	465	421	406	453	437	505
February	464	427	416	370	356	407	456
March	447	479	453	455	427	452	422
April	392	331	347	446	383	380	447
May	423	399	467	464	432	437	439
June	566	534	417	465	434	483	418
July	542	395	400	508	452	459	439
August	402	380	561	400	474	443	416
September	495	480	396	409	508	458	427
October	339	343	352	388	449	374	397
November	356	376	481	367	396	395	374
December	419	520	340	329	433	408	341
Total	5,286	5,129	5,051	5,007	5,197	5,134	5,081
Mean	441	427	421	417	433	428	423
Per 1,000 population ..	11.5	11.1	10.6	10.2	10.4	10.6	9.8

AGE AT DEATH.

The number of deaths at various ages, with the percentage of total deaths, is summarised in the following table (corrected):—

Race.		Age groups.											
		0—1		1—5		5—25		25—65		65 and over.		Total	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Deaths	European ...	53	32	10	7	25	14	391	227	556	570	1035	850
	Coloured ...	481	457	138	162	96	50	541	409	242	322	1498	1400
	African ...	90	88	38	41	6	10	68	30	13	9	215	178
	Asiatic ...	12	8	2	—	3	2	20	5	20	2	57	17
	Non-European	583	553	178	203	105	62	629	444	275	333	1770	1595
	All races ...	636	585	188	210	130	76	1020	671	831	903	2805	2445
Percent- age	European ...	5.1	3.8	1.0	0.8	2.4	1.6	37.8	26.7	53.7	67.1	100	100
	Coloured ...	32.1	32.6	9.2	11.6	6.4	3.6	36.1	29.2	16.2	23.0	100	100
	African ...	41.9	49.4	17.7	23.0	2.8	5.6	31.6	16.9	6.0	5.1	100	100
	Asiatic ...	21.1	47.1	3.5	—	5.3	11.8	35.1	29.4	35.1	11.8	100	100
	Non-European	32.9	34.7	10.1	12.7	5.9	3.9	35.5	27.8	15.5	20.9	100	100
	All races ...	22.7	23.9	6.7	8.6	4.6	3.1	36.4	27.4	29.6	36.9	100	100

Deaths under 1 year of age reveal that the rate in the non-White is seven and a half times greater than in the White group. In the non-White group 33.8% of all deaths occur under the age of 1 year.

Deaths under five years of age constitute 5.4 per cent of all deaths in Europeans as compared with 45.1 per cent in non-Europeans. The European figure declined from 5.6 per cent in the previous year, while that for non-Europeans increased from 44.6. The other racial figures are Coloured 42.7, African 65.4, Asiatic 29.7.

Deaths under 25 years of age constitute 7.5 per cent of all deaths in Europeans compared with 7.9 per cent in the previous year, while among non-Europeans 50.0 per cent of all deaths occurred under 25 years of age, a figure very similar to that in the previous year.

The table below shows the percentage of deaths in age groups at intervals during the past 30 years:—

Year.				European.									
				0—1		1—5		5—25		25—65		65 +	
				M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1915	...	...	...	23	24								
1925	...	...	...	16	13	4	7	8	8	45	40	27	32
1935	...	...	...	6	9	4	3	7	9	42	37	41	41
1945	...	...	...	7	7	2	2	4	5	40	35	47	51
1955	...	...	...	5	3	1	1	2	1	36	29	56	66
1957	...	...	...	5	4	1	1	3	1	41	30	50	64
				Non-European.									
1915	...	...	...	39	36								
1925	...	...	...	34	33	16	19	10	14	33	26	6	8
1935	...	...	...	27	28	21	21	10	13	33	28	9	10
1945	...	...	...	26	24	15	19	10	15	39	30	10	12
1955	...	...	...	32	33	14	16	6	5	33	26	15	20
1957	...	...	...	32	34	12	12	6	5	34	28	16	21

The deaths and death rates per 1,000 population are shown below according to sex:—

Race.	Uncorrected deaths.		Corrected.					
			Deaths.		Rate.		1957 rate.	
	M.	F.	M.	F.	M.	F.	M.	F.
European	1,249	988	1,035	850	11.1	8.3	11.2	8.8
Coloured	1,672	1,547	1,498	1,400	11.2	9.2	11.8	8.9
African	403	306	215	178	7.6	10.8	12.9	14.7
Asiatic	64	19	57	17	12.2	5.3	9.8	3.8
Non-European ...	2,139	1,872	1,770	1,595	10.6	9.3	11.9	9.3
All races	3,388	2,860	2,805	2,445	10.8	8.9	11.7	9.1

The deaths in the case of the European group are in the ratio of one female to 1.2 males; and in the case of the non-European one female to 1.1 males.

DEATHS IN INSTITUTIONS.

The number of deaths occurring in institutions and the percentage of total deaths are shown in the following table:—

Race.	Uncorrected.		Corrected for Outward Transfers.	
	Deaths occurring in institutions.	Percentage of total deaths.	Deaths occurring in institutions.	Percentage of total deaths.
European	1,203	53.8	815	45.2
Coloured	1,408	43.7	893	33.4
African	428	60.4	262	49.6
Asiatic	31	37.3	22	29.7
Non-European	1,867	46.5	1,177	35.9
All races	3,070	49.1	1,992	39.1

Fewer Europeans, but more non-Europeans, died in recognised hospitals and nursing homes during the year under review. The reason for this finding is not immediately obvious, as no additional institutional beds for the non-Europeans had come into use during the year under review.

HOME ACCIDENTS.

The following list of deaths in Cape Town from accidents in the home has been compiled from death certificates where mention is made of an accident being either the main or a contributing cause of death.

	Europeans.	Non-Europeans.
Burns and scalds	2	31
Falls	25	9
Suffocation	—	2
Electrocution	—	1
Firearms	1	—
Carbon Monoxide Poisoning	—	3
Food Poisoning	1	1
Drowning	—	1
Trauma	—	1

DEATHS BY OCCUPATION.

Deaths at certain ages are classified here as to occupation at time of death.

Occupation.		Age-groups.								Out of City.	
		15-25		25-45		45-65		65+			
		E.	O.	E.	O.	E.	O.	E.	O.	E.	O.
Agriculture	M.	—	—	—	—	—	—	1	—	24	1
	F.	—	—	—	—	—	—	—	—	—	—
Clerical	M.	2	—	6	4	33	2	8	2	9	—
	F.	1	—	2	—	9	—	1	—	2	—
Domestic servant	M.	—	—	—	2	—	—	—	—	—	—
	F.	—	5	—	28	—	13	—	1	—	9
Fishing and Marine	M.	2	3	3	4	3	12	—	1	4	10
	F.	—	—	—	—	—	—	—	—	—	—
Invalid	M.	2	3	3	7	5	6	1	2	1	4
	F.	1	2	3	1	2	1	3	—	—	1
Labourer	M.	—	26	2	112	2	145	—	24	3	107
	F.	—	—	—	—	—	—	—	—	—	—
Managerial	M.	—	—	3	—	22	—	20	—	10	—
	F.	—	—	—	—	—	—	—	—	2	—
Commercial	M.	—	3	4	9	16	10	13	8	10	5
	F.	—	—	—	—	1	—	—	—	—	—
Professional	M.	—	—	3	—	23	1	9	1	10	—
	F.	—	—	1	—	2	—	2	—	3	—
Police and Military	M.	—	—	3	1	3	—	2	—	3	1
	F.	—	—	—	—	—	—	—	—	—	—
Salesman	M.	1	—	3	3	18	5	4	1	3	1
	F.	1	—	—	—	1	—	—	—	—	—
Scholar	M.	3	4	—	—	—	—	—	—	6	2
	F.	1	2	—	—	—	—	—	—	1	1
Teacher	M.	—	—	—	2	2	1	1	—	—	2
	F.	—	—	1	—	2	—	—	—	—	—
Tradesman	M.	2	5	13	26	51	63	13	14	21	12
	F.	—	—	—	—	—	—	—	—	—	—
Transport	M.	—	1	12	16	19	18	1	—	16	2
	F.	—	—	—	—	—	—	—	—	—	—
Other Workers	M.	3	12	6	19	34	37	8	12	7	7
	F.	2	4	—	8	—	2	1	1	2	—
Housewives	M.	—	—	—	—	—	—	—	—	—	—
	F.	1	18	20	111	132	201	251	70	99	65
Retired, unknown	M.	—	—	9	24	76	80	446	204	86	31
	F.	1	1	2	8	39	49	285	247	31	17
Total	M.	15	57	70	229	307	380	527	269	213	185
	F.	8	32	29	156	191	266	543	319	140	93

ACCIDENTAL DEATHS.

Table below sets out the causes of accidental deaths over a number of years. The largest increase in the year under review is occasioned by a marked increase in the number of deaths caused by burns. The majority of these deaths occur in the lowest socio-economic group as the result of fires occurring in their shacks due to explosions of pressure cookers, upsetting of boiling fluids, or the presence of coal braziers used for heating purposes during inclement weather.

Another disturbing feature is the number of deaths occasioned as the result of falls, especially in the elderly. Drowning as a cause of death is also disproportionately high — especially amongst a group born and brought up in close proximity to the sea.

	1958	1957	1956	1955	1954
Railway	12	23	8	7	11
Road Traffic	72	93	78	68	81
Poisoning	4	8	10	6	9
Falls	34	25	22	31	23
Drowning	18	18	14	14	14
Asphyxia	6	16	12	12	11
Burns	33	19	22	23	9
Crushing	3	4	2	4	4
Firearms	2	1	3	1	—
Miscellaneous	17	22	14	18	8
Total	201	229	185	184	170

DEATH RATES.

The following table shows the variation in the number of deaths and death rates per 1,000 population for the Municipality of Cape Town over a period of five years. The rates are based on the population figures of the censuses of 1946 and 1951, and are corrected for locally registered outward transfers up to 1954–55, and for inward and outward transfers from 1956.

Race.	1958.		1957.		1956.		1954–55.		1953–54.	
	Deaths	Death Rate	Deaths	Death Rate	Deaths	Death Rate	Deaths	Death Rate	Deaths	Death Rate
European	1,885	9.65	1,934	9.96	1,930	10.01	1,743	9.15	1,773	9.37
Coloured	2,750	9.61	2,800	10.23	2,611	9.98	2,716	11.14	2,762	11.85
African	541	12.05	571	13.55	528	13.35	521	14.52	533	15.82
Asiatic	74	9.40	57	7.39	52	6.89	71	9.73	61	8.53
Non-European	3,365	9.93	3,428	10.60	3,191	10.34	3,308	11.52	3,356	12.25
All races*	5,259	9.84	5,372	10.38	5,126	10.22	5,063	10.60	5,139	11.09

*Including those of unknown race.

INFANT MORTALITY.

The deaths of infants under one year of age and the corresponding rates per 1,000 live births for the year are shown in the following table:—

Race.	Crude Infant deaths.		Outward Transfers.		Inward Transfers.		Corrected Infant deaths.	Corrected Infant mortality rate.	Rate 1957.
	M.	F.	M.	F.	M.	F.			
European	90	56	37	24	—	—	85	23.1	23.5
Coloured	538	518	101	103	1	1	854	85.6	81.6
African	165	166	33	39	1	2	262	191.1	216.6
Asiatic	16	8	4	—	—	—	20	66.2	55.2
Non-European ...	719	692	138	142	2	3	1,136	97.6	95.3
All races*	809	748	175	166	2	3	1,229	80.2	79.3

*Including 8 of unknown race.

The European infant mortality rate shows a decrease of 1.7 per cent compared with the previous year, and is below the average of the previous five years. The number of infant deaths was practically the same as in the previous year, the reduction in the death rate being due to the greater number of births in the period under report. There has been some increase in infant deaths from pneumonia and from congenital malformations, but the recording of one death from diarrhoea is the lowest on record.

The non-European infant mortality rate increased by 2.4 per cent, which is accounted for mainly by the decline in births registered in the year under review. A general decrease in deaths from all other causes was unfortunately affected by sharp rises in deaths from diarrhoea and prematurity — the former as a cause re-attaining its place as the chief killer of the non-European in this city, as well as being the principal cause of death amongst infants. A substantial fall in infant deaths from tuberculosis is not without significance and also deserves mention.

No figures are available to indicate the number of prematurely born babies and deaths from this cause are only so classified when the condition is the main or only cause of death, as set out on the death certificate. Prematurity appearing as either a main or contributory cause of death accounted for 26 per cent of non-European infant deaths during the year.

The causes of infant mortality both for children under one year of age and children between one and two years of age are set out in Table K on page 93. This table shows very clearly the reduction in infant mortality over the past forty years, and latterly in particular how the number of infant deaths from tuberculous diseases has shrunk. Tables E and F on pages 86 and 88 show the deaths of infants classified according to age, cause, months and legitimacy.

The infant mortality rates since Unification (1913) are set out in years and quinquennia in Table L on page 94.

In the year under review 55 per cent of the total deaths among the European infants occurred in the first week of life (perinatal period) and 71 per cent in the first month (neonatal). Among non-Europeans the percentages were 28 and 39 respectively. Compared with the previous year, deaths during the neonatal period among European children indicate an appreciable rise.

Infant mortality, 1958 (corrected for outward transfers):—

	European.	Non-European.	All Races.
First quarter	20.8	129.5	103.8
Second quarter	23.7	111.3	89.7
Third quarter	26.9	77.0	65.8
Fourth quarter	22.1	73.5	62.1

The neonatal (under 4 weeks) and post neonatal (over 4 weeks but under one year) mortality rates per 1,000 live births are shown in the accompanying table, classified for certain causes:—

Cause of death.	Neonatal mortality rate.		Post neonatal mortality rate.		Infant mortality rate.	
	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.
Whooping cough	—	—	—	0.34	—	0.34
Scarlet fever	—	—	—	—	—	—
Measles	—	—	—	0.69	—	0.69
Diphtheria	—	—	—	—	—	—
Tuberculosis (all forms)	—	—	—	0.86	—	0.86
Syphilis	—	0.09	—	—	—	0.09
Bronchitis and pneumonia	1.36	4.81	2.99	10.91	4.35	15.72
Diarrhoea and enteritis	—	1.80	0.27	37.01	0.27	38.82
Immaturity	6.53	16.06	—	0.69	6.53	16.75
Injury at birth	2.18	5.32	—	0.09	2.18	5.41
Congenital malformations	3.53	1.20	2.18	1.37	5.71	2.58
Other diseases of early infancy	2.72	7.39	—	1.03	2.72	8.42
Other and ill-defined or unknown causes	—	1.29	1.36	6.61	1.36	7.90
Total	16.32	37.96	6.80	59.60	23.12	97.56

Compared with the corresponding rates for last year, the European neonatal death rates increased by 6.1 per cent, and the non-European rate by 11.6 per cent, although these rates are still below the average for the past 5 years. "Immaturity" and "congenital malformations" as entities provide the major number of deaths in Europeans. The non-European increase was due to a greater number of deaths from bronchitis, pneumonia and immaturity.

The post neonatal rates decreased by 16 per cent in Europeans and by 3 per cent in non-Europeans. Fewer deaths from diarrhoea and enteritis was responsible for the lowering of the European rate.

The following table shows the corrected number of neonatal and post neonatal deaths for the various races and the corresponding rates per 1,000 live births. Also shown is the perinatal death rate, which is the number of still births and deaths under one week of age per 1,000 live and still births.

Race.	Neonatal.			Post neonatal.			Infant Mortality.		Perinatal death rate.
	Deaths M.	F.	Mortality rate.	Deaths M.	F.	Mortality rate.	Deaths	Mortality rate.	
European	38	22	16.3	15	10	6.8	85	23.1	27
Coloured	204	163	36.8	234	253	48.8	854	85.6	53
African	30	33	46.0	103	96	145.1	262	191.1	80
Asiatic	7	5	39.7	5	3	26.5	20	66.2	58
Non-European	241	201	38.0	342	352	59.6	1,136	97.6	57
All races*	279	223	32.7	357	362	46.9	1,229	80.2	50

*Including 8 of unknown race.

The next table shows the variation in the neonatal and post neonatal rates over a period of five years:—

Period.	European.		Non-European.		Perinatal Death Rate.	
	Neo-natal.	Post neonatal.	Neo-natal.	Post neonatal.	Eur.	Non-Eur.
Year ended 30th June, 1954	20.29	10.14	31.23	69.31	31	57
" " " " 1955	14.6	6.9	30.0	70.8	29	53
Calendar year 1956	17.0	7.5	38.1	64.9	31	62
" " 1957	15.4	8.1	34.0	60.8	27	52
" " 1958	16.3	6.8	38.0	59.6	27	57
Quinquennium 1954 – 1958	16.7	7.9	34.3	65.0	29.0	56.1

SEASONAL VARIATION.

The seasonal variation in infant mortality is shown in the table below and Table E.1 on page 87 where the infant deaths for the year 1958, classified for certain causes, are set out according to month of registration.

	1954	1955	1956	1957	Mean 4 years	1958
January	128	113	129	125	124	163 *
February	111	116	126	111	116	123
March	132	130	131	128	130	129
April	74	105	115	88	95	119
May	85	110	113	104	103	102
June	85	96	88	87	89	82
July	76	71	95	96	84	98
August	83	96	72	83	84	77
September	91	56	83	91	80	73
October	68	56	86	101	78	73
November	86	97	71	83	84	86
December	139	107	71	118	109	99
Total	1,158	1,153	1,180	1,215	1,176	1,224
Mean	96.5	96.0	98.3	101.2	98.0	102.0
Rate per 1,000 live births	83.7	82.5	83.4	79.2	82.1	80.0

The infant mortality in respect of legitimacy amongst the various races is shown in the following table:—

	Euro-pean.	Coloured.	African	Asiatic	All non-Eur.	All races.
Number of legitimate births	3,529	7,632	957	298	8,887	12,416
Number of legitimate deaths under one year of age	80	532	163	20	715	795
Infant mortality (legitimate) per 1,000 live births ..	22.7	69.7	170.3	67.1	80.5	64.0
Number of illegitimate births	148	2,339	414	4	2,757	2,913
Number of illegitimate deaths under one year of age	5	280	50	—	330	343
Infant mortality (illegitimate) per 1,000 live births	33.8	119.7	120.8	—	119.7	117.7

The deaths of 91 infants under one year of age (42 Coloured and 49 African) are excluded from above figures as information regarding legitimacy was unobtainable.

In table I on page 91 the infant mortality will be found classified according to place of residence (wards).

The deaths of infants in the Langa African Township are not included in the foregoing figures. Particulars regarding these will be found in Table E, on page 86.

Infant mortality rates for certain other towns in the Union of South Africa and for England and Wales are set out in Table M, on page 95 for the purposes of comparison.

INFANT MORTALITY.

The number of deaths of infants under one year of age for the Municipality of Cape Town and the infant mortality rates per 1,000 live births for the past five years are indicated in the following table:—

Race.	1958		1957		1956		1954-55		1953-54	
	Deaths under 1 year.	Infant mortality rate.	Deaths under 1 year.	Infant mortality rate.	Deaths under 1 year.	Infant mortality rate.	Deaths under 1 year.	Infant mortality rate.	Deaths under 1 year.	Infant mortality rate.
European ...	85	23.1	84	23.5	88	24.5	72	21.5	105	30.43
Coloured ...	864	86.7	832	81.6	811	88.3	802	88.0	783	88.26
African ...	262	191.1	276	216.6	265	250.2	248	217.5	237	210.48
Asiatic ...	20	66.2	19	55.2	14	42.2	19	54.8	23	61.33
Non-European	1,146	98.4	1,127	95.4	1,090	103.0	1,069	100.8	1,043	100.55
All races* ...	1,239	80.8	1,221	79.3	1,182	83.4	1,153	82.5	1,158	83.71

*Including those of unknown race.

MATERNAL MORTALITY.

The following table shows the number of deaths which occurred during 1958 from causes ascribed to pregnancy and childbirth including abortion, and the corresponding maternal mortality rate per 1,000 live births (corrected).

Int. Code No.	Cause of death.	Deaths.			Maternal mortality rates per 1,000 live births.		
		Eur.	Non-E.	All races.	Eur.	Non-E.	All races.
640, 641, 651, 682, 684, 681	Puerperal septicaemia (including abortion with sepsis)	—	5	5	—	0.43	0.33
	Puerperal fever	—	—	—	—	—	—
642, 652, 685-686	Toxaemia of pregnancy and the puerperium	—	2	2	—	0.17	0.13
643-644	Haemorrhage of pregnancy and childbirth	—	4	4	—	0.34	0.26
670-672 650	Abortion without mention of sepsis or toxaemia	—	4	4	—	0.34	0.26
645-649 673-680 683 687-689	Other complications of pregnancy, childbirth and the puerperium	—	—	—	—	—	—
	All causes (except puerperal septicaemia)	—	10	10	—	0.86	0.65
	Total ...	—	15	15	—	1.29	0.98

In the next table the annual maternal mortality rates per 1,000 live births for the Municipality are shown for a series of years.

	Puerperal septicaemia.			Other causes.			All causes.		
	Eur.	Non-E.	All races.	Eur.	Non-E.	All races.	Eur.	Non-E.	All races.
1914-15 to 1918-19	0.59	1.30	1.02	2.13	3.55	2.98	2.72	4.85	4.00
1919-20 to 1923-24	1.76	1.20	1.40	2.84	2.16	2.41	4.60	3.36	3.81
1924-25 to 1928-29	1.03	1.71	1.48	1.74	3.73	3.07	2.77	5.43	4.56
1929-30 to 1933-34	0.94	1.27	1.17	3.04	3.12	3.10	3.98	4.40	4.27
1934-35 to 1938-39	0.96	1.39	1.26	2.43	3.30	3.05	3.38	4.49	4.32
1939-40 to 1943-44	0.85	1.79	1.49	1.09	2.50	2.06	1.93	4.29	3.55
1944-45 to 1948-49	0.14	0.52	0.41	0.79	1.70	1.47	0.93	2.22	1.88
1949-50 to 1953-54	0.12	0.36	0.29	0.46	1.16	0.99	0.58	1.52	1.28
1949-50	—	0.10	0.08	0.29	1.02	0.83	0.29	1.12	0.91
1950-51	0.30	0.30	0.30	—	1.32	0.98	0.30	1.62	1.28
1951-52	—	0.49	0.36	0.59	0.88	0.81	0.59	1.37	1.17
1952-53	—	0.19	0.14	0.56	1.42	1.21	0.56	1.61	1.35
1953-54	0.29	0.68	0.58	0.87	1.15	1.08	1.16	1.83	1.66
1954-55	0.30	0.19	0.21	0.89	1.79	1.57	1.19	1.98	1.79
1956	0.28	0.28	0.28	—	1.04	0.78	0.28	1.32	1.06
1957	—	0.51	0.39	0.28	1.53	1.24	0.28	2.03	1.63
1958	—	0.43	0.33	—	0.86	0.65	—	1.29	0.98

The maternal mortality rate per 1,000 total deliveries (live births and still births), registered during the year 1958 and in the previous years were as follows:—

	Puerperal septicaemia.			Other causes.			All causes.		
	Eur.	Non-E.	All races.	Eur.	Non-E.	All races.	Eur.	Non-E.	All races.
1947-48	—	0.75	0.53	1.02	1.19	1.14	1.02	1.94	1.67
1948-49	0.53	—	0.15	1.06	2.01	1.75	1.59	2.01	1.90
1949-50	—	0.10	0.07	0.29	0.99	0.81	0.28	1.09	0.88
1950-51	0.30	0.29	0.29	—	1.27	0.96	0.30	1.57	1.25
1951-52	—	0.47	0.35	0.58	0.86	0.79	0.58	1.33	1.14
1952-53	—	0.18	0.14	0.56	1.38	1.18	0.56	1.56	1.31
1953-54	0.29	0.65	0.56	0.85	1.12	1.05	1.14	1.77	1.61
1954-55	0.29	0.18	0.21	0.88	1.74	1.53	1.17	1.92	1.74
1956	0.27	0.27	0.27	—	1.00	0.75	0.27	1.28	1.03
1957	—	0.49	0.38	0.28	1.48	1.21	0.28	1.98	1.59
1958	—	0.42	0.32	—	0.83	0.64	—	1.25	0.95

It is a pleasure to be able to report that for the first time since records were compiled by this Department, no maternal deaths occurred amongst the European section of the population. Those in the non-European groups reveal a fall as compared with previous years.

These figures would suggest that the ante-natal, domiciliary and institutional maternity services provided by the Provincial, Local Authority and private medical practitioners in this city are having the desired effect in the prevention of this type of catastrophe.

SECTION III.—MATERNAL AND CHILD WELFARE.

DR. ISOBEL ROBERTSON, B.A., M.B., CH.B., D.P.H.,
MATERNAL AND CHILD WELFARE OFFICER.

This Branch is responsible for health education and preventive work among mothers and young children.

The work of the branch consists of home visiting carried out by a staff of 52 health visitors, and clinic sessions, child welfare and pre-natal, conducted by one of three full-time medical officers or part-time medical officers with special knowledge of this type of work, with the assistance of the health visitors of the district. There are at present 40 part-time doctors doing one to three clinic sessions per week. Valuable assistance is given in the form of clerical work at many of the sessions by voluntary workers, whose interest and help is much appreciated.

Child Welfare Clinics are held for infants and pre-school children at which medical and feeding advice is given, and dried milk, vitamin oil, etc., are distributed.

Pre-natal sessions are conducted for expectant mothers, particularly those to be attended by private midwives.

The clinics are conducted at 17 municipal welfare centres, sited as near as possible to the homes of the population to be served; the out-patient department of the Langa African hospital, the housing office of the Silvertown municipal housing estate, and six hired halls.

A new centre combining child welfare, ante-natal services and a dental clinic has been erected in 11th Avenue, Retreat, on a site centrally located for the expanding housing schemes in the Retreat-Steenberg area. The small, original, wooden clinic building adjacent to the Railway line continues in use for persons resident in the upper reaches of Retreat.

The Society for Maternal and Family Welfare conducts post-natal clinics in seven of the welfare centres.

Mothers are visited about two weeks after their confinement, assisted with any problems relating to their infants, and advised to attend the nearest welfare centre regularly with their babies and pre-school children. Thereafter they are visited at regular intervals up to school age. Mothers who have private doctors in attendance are visited on request only.

Protected infants, that is, children maintained apart from their parents, are visited at three-monthly intervals, and reports on their condition are sent to the Commissioner for Child Welfare.

General medical clinics are conducted weekly at eight centres for indigent school children, and special ear, nose and throat, and eye clinics are held every week for cases referred from these clinics and from schools.

Dental sessions for mothers and children are held in six of the welfare centres.

Orthopaedic clinics are held in six of the centres weekly. An orthopaedic surgeon attends four of these clinics once a month. The orthopaedic health visitor also carries out domiciliary visits in those cases where such is required.

An intensive programme of immunizations against diphtheria, whooping cough and tetanus is carried out throughout the year.

Immunization against poliomyelitis has been continued during the year.

Supplementary feeding for expectant and nursing mothers and mal-nourished children is provided at all the larger centres. This takes the form of soup and snacks of high nutritional value, together with milk.

The branch is responsible for running three nursery schools, one with a creche attached, for Coloured children, another for African children at Langa, and a small resident nursery for infants of women suffering from tuberculosis.

The Health Department is responsible for keeping a register of all midwives practising in the municipal area, and this branch carries out the supervision of all these individuals.

MATERNAL AND CHILD WELFARE CENTRES.

There are 25 branch centres in the city and suburbs. As there is no centre for the central Cape Town area, sessions are held for Europeans in halls hired for the purpose and for the non-Europeans temporary use is made of a house in the Malay quarter.

The table on page 27 indicates the attendances (classified for race) at the various child welfare sessions, pre-natal clinics, and school clinics, held at the centres during the year together with the numbers of children attending for snacks and milk during this period.

CHILD WELFARE SESSIONS.

During the year, 58 child welfare sessions were held weekly, and 5 fortnightly. At these sessions, 15,056 of the children seen were new cases. Of these, 13,171 (1,662 European and 11,509 non-European) were under one year of age at the time of their first attendance, and 1,885 (182 European and 1,703 non-European) were over one year of age at that time.

First attendances of children under one year of age, excluding Langa, amounted to 83 per cent of the registered local births, 46 per cent in the case of Europeans and 95 per cent in the case of non-Europeans.

These figures do not include infants who attended the consultations of the S.A. Mothercraft Training Centre, which, if included, would increase the percentage of European attendances.

The attendances at the child welfare sessions over a period of years are shown in the following table:—

Centre.	1958	1957	1956	1954-55	1953-54
Shortmarket Street	9,566	8,448	7,972	8,718	8,159
Kloof Street	2,095	2,418	2,213	1,750	1,446
Aspeling Street.....	21,248	18,333	19,218	16,563	16,957
Bloemhof	7,305	6,698	6,307	5,939	5,854
Devil's Peak	1,398	1,663	1,596	1,736	1,665
Green Point	1,469	1,318	1,237	1,296	1,239
Camps Bay	572	561	579	508	485
Woodstock	12,131	11,954	12,715	14,009	14,636
Mowbray	219	437	392	643	783
Maitland	4,042	3,650	5,255	9,592	9,132
Brooklyn	2,803	2,597	2,612	2,067	1,868
Kensington	29,100	26,150	25,152	—	—
Windermere (8th Avenue).....	—	—	—	15,627	16,328
Langa	3,935	3,314	3,846	3,569	3,772
Athlone	13,767	12,892	14,469	15,797	15,758
Bokmakirie	11,492	9,145	13,393	12,660	12,872
Silvertown	6,853	5,865	342	—	—
Claremont (Station Road)	7,381	7,442	7,768	5,403	5,122
Claremont (Wesley Street)	5,412	5,133	5,334	5,312	4,989
Claremont (Franklin Road)	638	683	829	834	594
Lansdowne	7,093	6,311	6,369	6,359	6,041
Wynberg	9,731	9,811	9,507	8,247	8,127
Parkwood and Southfield	3,551	3,156	3,685	3,108	3,734
Retreat Road, Retreat	3,887	17,354	20,722	14,596	13,314
11th Avenue, Retreat	19,593	702	—	—	—
Steenberg	—	2,288	2,651	2,141	2,381
Muizenberg	329	289	308	346	408
Kalk Bay	759	706	771	780	677
Totals	186,369	169,318	175,242	157,600	156,341

SOUTH AFRICAN MOTHERCRAFT TRAINING CENTRE.

(Lady Buxton Home.)

The following table shows the number of infants who attended the consultations of the South African Mothercraft Training Centre during the year ended 31st December, 1958:—

Voluntary Centre.	No. of sessions in the year.	No. of new cases (Infants).	Total attendances (Infants).	Total attendances (Toddlers).
Bowwood Road, Claremont	199	452	3,631	195
Sea Point	51	132	1,660	32

ADVISORY WORK AT CHILD WELFARE SESSIONS.

At the session, mothers are advised on correct feeding and hygiene.

Breast feeding is encouraged, and sessions are held by the health visitors at which instructional test feeds are done. During the year instructional test feeds were given to 472 European mothers and 2,928 Coloured and African mothers.

Centre.	Race.	Infant consultations.				Pre-natal clinics.			School clinics.			Dinners.	
		Ses- sions.	First attendances.		Total attend- ances.	Ses- sions.	Attendances.		Ses- sions.	Attendances.		Attendances.	
			Under 1 year.	Over 1 year.			First.	Total.		First.	Total.	Adults.	Child-
Shortmarket St., Cape Town	Eur. ... Non-Eur. Total ...	152	— 663 663	— 28 28	— 9,566 9,566	27	— 134 134	— 529 529	18	— 187 187	— 587 587	— — —	— 8,181 8,181
Kloof St., Cape Town	Eur. ... Non-Eur. Total ...	51	173 — 173	6 — 6	2,095 — 2,095								
Aspeling St., Cape Town	Eur. ... Non-Eur. Total ...	297	— 1,294 1,294	— 180 180	— 21,248 21,248	53	— 573 573	— 2,779 2,779	39	— 1,012 1,012	— 4,329 4,329	— 2,603 2,603	— 31,113 31,113
Bloemhof, Cape Town	Eur. ... Non-Eur. Total ...	102	— 324 324	— 21 21	— 7,305 7,305	35	— 109 109	— 543 543					
Devil's Peak Estate	Eur. ... Non-Eur. Total ...	49	93 — 93	4 — 4	1,398 — 1,398								
Green Point	Eur. ... Non-Eur. Total ...	52	86 — 86	1 — 1	1,469 — 1,469								
Camps Bay.	Eur. ... Non-Eur. Total ...	26	63 — 63	— — —	572 — 572								
Woodstock	Eur. ... Non-Eur. Total ...	253	259 650 909	18 88 106	3,434 8,697 12,131	66	— 458 458	— 1,859 1,859	207	519 1,468 1,987	1,372 3,872 5,244	— 25 25	— 241 241
Mowbray	Eur. ... Non-Eur. Total ...	18	18 — 18	— — —	219 — 219								
Maitland	Eur. ... Non-Eur. Total ...	98	75 308 383	11 27 38	1,022 3,020 4,042	52	15 294 309	66 1,384 1,450	20	83 265 348	199 958 1,157		
Brooklyn	Eur. ... Non-Eur. Total ...	99	188 — 188	26 — 26	2,803 — 2,803								
Kensington	Eur. ... Non-Eur. Total ...	252	— 2,201 2,201	— 342 342	— 29,100 29,100	104	— 2,130 2,130	— 8,086 8,086	20	— 407 407	— 1,645 1,645	— 1,609 1,609	— 13,588 13,588
Silvertown	Eur. ... Non-Eur. Total ...	100	— 500 500	— 65 65	— 6,853 6,853								
Athlone	Eur. ... Non-Eur. Total ...	198	— 1,366 1,366	— 118 118	— 13,767 13,767	101	— 845 845	— 3,053 3,053	21	— 434 434	— 1,118 1,118	— 631 631	— 4,721 4,721
Langa	African ...	49	432	17	3,935	52	463	2,044					
Bokmakrie	Eur. ... Non-Eur. Total ...	135	— 646 646	— 99 99	— 11,492 11,492	100	— 726 726	— 3,519 3,519				3,638 3,638	16,815 16,815
Station Road, Claremont	Eur. ... Non-Eur. Total ...	150	110 344 454	17 70 87	1,591 5,790 7,381	52	18 356 374	80 1,552 1,632	19	35 270 305	108 835 943	— 2,175 2,175	— 11,226 11,226
Wesley St., Claremont	Eur. ... Non-Eur. Total ...	100	— 250 250	— 66 66	— 5,412 5,412	50	— 92 92	— 321 321				2,037 2,037	— 8,054 8,054
Franklin Road, Claremont	Eur. ... Non-Eur. Total ...	22	53 — 53	4 — 4	638 — 638								
Lansdowne	Eur. ... Non-Eur. Total ...	152	159 528 687	36 125 161	1,685 5,408 7,093	53	16 237 253	79 1,013 1,092					
Wynberg	Eur. ... Non-Eur. Total ...	149	185 446 631	28 102 130	2,369 7,362 9,731	51	16 389 405	56 1,190 1,246	20	12 370 382	24 916 940	— 1,137 1,137	— 3,461 3,461
Parkwood and Southfield	Eur. ... Non-Eur. Total ...	98	104 138 242	14 15 29	1,416 2,135 3,551	39	6 35 41	22 92 114				972 972	— 2,417 2,417
Retreat Road, Retreat	Eur. ... Non-Eur. Total ...	100	62 125 187	17 28 45	1,206 2,681 3,887								5,973 5,973
11th Ave., Retreat	Eur. ... Non-Eur. Total ...	250	— 1,242 1,242	— 309 309	— 19,593 19,593	101	— 1,075 1,075	— 3,943 3,943				2,615 2,615	— 13,754 13,754
Steenberg	Eur. ... Non-Eur. Total ...												6,018 6,018
Muizenberg	Eur. ... Non-Eur. Total ...	24	34 — 34	— — —	329 — 329								
Kalk Bay	Eur. ... Non-Eur. Total ...	28	— 52 52	— 3 3	— 759 759	21	— 20 20	— 76 76					
TOTAL	Eur. ... Non-Eur. Total ...	3,004	1,662 11,509 13,171	182 1,703 1,885	22,246 164,123 186,369	957	71 7,936 8,007	303 31,983 32,286	364	649 4,413 5,062	1,703 14,260 15,963	— 17,442 17,442	— 125,562 125,562

Dried milk for infants who cannot be entirely breast fed, and skimmed milk for children with malnutrition are supplied at the centres under the direction of the medical officers, at cost price. In cases of poverty the milk is supplied free or at a reduced rate. Vitamin oil and such medicines as may be ordered are supplied on similar terms.

During the year, 2,079 new cases were supplied with dried milk and 59,170 pounds were issued.

MEDICAL EXAMINATIONS.

All infants attending infant welfare sessions are medically examined at their first visit and periodically thereafter. Children requiring special treatment are referred to hospital or to their own doctors. Minor ailments in indigent cases are treated at the welfare centre.

SUPPLEMENTARY FEEDING.

At 13 of the centres milk and supplementary meals were served throughout the year from Monday to Friday to indigent expectant and nursing mothers and pre-school children.

These meals consist of soup, cheese, fruit and enriched bread spread with a mixture of margarine, peanut butter, food yeast and golden syrup.

By arrangement with the Department of Nutrition, who are responsible for the distribution of free milk to pre-school children under the scheme of the Dairy Industry Control Board, free milk is distributed to poor children under school age at the infant welfare centres. The distribution is made every week day, and the children consume the milk at the centres. During the year under review the attendances of children for milk numbered 166,876 and 7,594 gallons of milk were consumed (exclusive of the milk provided at the municipal nursery schools).

HEALTH VISITING IN THE HOME.

Home visiting can be considered the most important aspect of the work of a health visitor, since it aims at teaching the mother the care of her child in relation to the home. Visits are made soon after an infant's birth and thereafter as frequently as the health visitors' time permits, but not less frequently than every three months during the first year of life.

The health visitors undertake home visiting for children under school age, visiting of expectant mothers, and in addition, the visiting required for ophthalmia neonatorum, puerperal fever, whooping cough, and other infectious diseases of childhood. Each health visitor assists at sessions held at the centre which lies in her district.

The full complement of health visiting staff on 31st December, 1958, was as follows:—

Principal Health Visitor.	
Health Visitors:	
European	31
Coloured	11
African	3
Clinic Nurses	6
Social Welfare Worker	1

Special duties are done by seven of the Health visitors, i.e.:—

Diphtheria and poliomyelitis immunizing	3
Orthopaedic clinics and visiting	1
School clinics and visiting	2
Supervision of midwifery	1

The following table shows the number of visits made during 1958 and the previous year by health visitors and the social welfare worker. Visits made by the health visitors of the tuberculosis and venereal disease branches are included here for convenience.

Visits in connection with:—

	1958	1957
Births	16,980	17,173
Subsequent birth visits	69,624	64,159
Child deaths	1,584	1,590
Expectant mothers	1,459	1,297
Midwives	1,514	1,197
Orthopaedic	2,059	1,627
Schools	3,302	3,377
Protected infants	2,569	2,640
Social Welfare	3,396	3,258
Infectious disease	2,724	3,485
Other visits	10,205	9,564
	<hr/> 115,476	<hr/> 109,367
Tuberculosis	38,555	35,024
Venereal disease	883	737
	<hr/> 154,914	<hr/> 145,128

PRE-NATAL CLINICS.

Pre-natal clinics are conducted at all the larger centres and work in close co-operation with the public maternity hospitals which fall either under the Provincial Administration or charitable organisations.

In view of the inadequate number of maternity beds in Cape Town, the Provincial Administration's maternity hospitals limit admission as far as possible to primiparae, abnormal confinements, women who have had seven or more pregnancies, and those where bad socio-economic status precludes confinement at home. Women attending the ante-natal clinics are referred to one or other local maternity institutions when hospital confinement is considered advisable for any of the above reasons.

6,317 cases were attended by private midwives in their own homes, and many of these cases attended the welfare centres for ante-natal care.

During the year 18 pre-natal sessions were held weekly and 8 fortnightly, at which there were 8,007 new cases. The total attendances numbered 32,286, the details of which are shown in the table on page 27.

The number of new cases attending the municipal pre-natal clinics amounted to 49 per cent of the number of registered live births (2 per cent European and 64 per cent non-European).

In addition to the above municipal sessions, pre-natal clinics are also held at the Provincial Administration's Peninsula, Somerset and Mowbray maternity hospitals, and at the Church of England's St. Monica's Home.

Midwives working within the municipal area are supervised by the Department's Supervisor of Midwives, and are encouraged to attend the pre-natal centre with their patients to see the doctor.

Routine serological tests for syphilis are carried out on all women attending pre-natal sessions and specific treatment is provided for those requiring it. 11,936 blood specimens were taken during the year (430 European and 11,506 non-European). Of these, 365 (6 European and 359 non-European) gave positive or doubtful reactions.

The attendances at the pre-natal clinics in the welfare centres over a period of years are shown in the following table:—

Centre.	1958	1957	1956	1954-55	1953-54
Shortmarket Street	529	722	631	449	486
Aspeling Street	2,779	3,031	2,896	2,212	2,144
Bloemhof	543	674	628	544	512
Woodstock	1,859	2,327	2,552	2,586	2,410
Maitland	1,450	1,603	235	1,575	1,558
Brooklyn	—	—	39	—	—
Kensington	8,086	7,131	6,685	—	—
Windermere (8th Avenue)	—	—	—	3,916	3,948
Langa	2,044	1,890	1,645	1,453	1,435
Athlone	3,053	3,255	3,226	2,936	3,111
Bokmakirie	3,519	2,961	2,763	2,263	1,978
Claremont (Station Road)	1,632	1,575	1,388	1,393	1,283
Claremont (Wesley Street)	321	444	344	252	387
Lansdowne	1,092	1,203	1,096	1,072	1,020
Wynberg	1,246	1,328	1,234	1,146	1,242
Parkwood and Southfield	114	114	108	252	292
Retreat Road, Retreat	—	4,176	3,825	3,274	3,356
11th Avenue, Retreat	3,943	158	—	—	—
Steenberg	—	217	213	202	284
Kalk Bay	76	62	99	34	66
Totals	32,286	32,871	29,607	25,559	25,512

POST-NATAL CLINICS.

Fortnightly sessions are held at seven of the child welfare centres in co-operation with the S.A. Council for Maternal and Family Welfare.

At these clinics each woman receives routine post-natal examination and any abnormalities found are treated or, if necessary, referred to the gynaecological department of one of the general hospitals.

Instruction in family spacing and limitation is also given when this is deemed advisable for socio-medical reasons.

During the year there were 928 new cases (113 European and 815 non-European) and a total attendance of 3,718 (484 European and 3,234 non-European).

NOTIFICATION OF BIRTHS.

The regulations regarding Early Notification of Births (made by the Minister of Health in 1920) require the notification of all births in the Municipality within twenty-four hours of their occurrence. This information is invaluable to the Branch in following up all new births.

In addition, births are also required, under the relevant section of the Births, Marriages and Deaths Registration Act, as amended, to be registered with the Registrar of Births and Deaths at any time within 28 days of occurrence by the father of the child or, failing him, some other responsible person present at the time of birth.

During the year 1958 the number of births and still births notified (including births to mothers who were not Cape Town residents) was 19,993, as follows:—

Notified by midwives and nurses, other than extern or intern institutional cases	6,317
Notified by doctors	845
Notified by institutions, extern or intern	12,831

There were 228 births notified in the Langa African Township.

These notified births and still births are further classified hereunder:—

<i>Attended.</i>	<i>Births.</i>	<i>Percentage.</i>
<i>In private houses:</i>		
By doctors	845	4.2
By midwives:		
Certificated	5,779	28.9
Uncertificated	538	2.7
By public midwives or students	1,896	9.5
No doctor or midwife	21	0.1
No information	3	0.0
	<u>9,082</u>	<u>45.4</u>
<i>In institutions:</i>		
Public institutions	6,660	33.3
Private nursing homes	4,251	21.3
	<u>10,911</u>	<u>54.6</u>

2,229 of these births were non-residents in Cape Town.

A comparison of the domiciliary births attended by certificated private midwives in proportion to those attended by uncertificated women is interesting. In the year 1930-31, 80 per cent of midwife births (extern) were attended by uncertificated midwives. In the present year the percentage was 8.5.

Public domiciliary midwifery is carried out from the Peninsula Maternity Hospital, Somerset Hospital, Booth Memorial Hospital and St. Monica's Home, all institutions which are recognized as training schools for midwives.

SUPERVISION OF MIDWIVES.

The supervision of all persons, other than medical practitioners, practising midwifery in the municipal area is undertaken by this Branch in accordance with the regulations made under Section 18(B) of the Public Health (Amendment) Act No. 15 of 1928.

The various groups of midwives practising in the municipal area consist of the following:—

- (1) 105 private midwives, of whom 99 are trained and 6 untrained. No untrained midwives are now permitted to start practice, and it should not be long before all midwives practising in this city are certificated.
- (2) 6 Provincial District midwives working in the Kensington, Athlone, Lansdowne and Retreat areas where there is much poverty.
- (3) Midwives attached to the training schools, doing district work in the vicinity of the training schools and in two outlying areas, Windermere (Somerset Hospital district) and Claremont (Peninsula Maternity Hospital district).
- (4) The three midwives employed at the Grassy Park Health Centre (outside the municipality) provide a district service for the contiguous area of Parkwood Estate which is within the municipality.
- (5) Two African midwives employed by this Department in the Langa African Township.

In approved indigent cases delivered on district private midwives are paid by the Department for services rendered in areas not served by the Provincial district midwives or midwives from the training schools.

Assisted Midwifery.

An amount of £209 2s. 6d. was paid to private midwives during the year. Fees paid to medical practitioners called in by midwives to indigent cases with obstetrical emergencies amounted to £59 7s. 9d.

Inspections.

Regular meetings for private midwives are held at the various welfare centres every quarter, at which talks on midwifery are given by the Departmental medical officers, and inspections of the midwives records and equipment are carried out by the supervisor of midwives. At these sessions the opportunity is taken of encouraging the midwives to discuss their problems with the doctors in question. In addition, regular visits are paid by the supervisor to homes of these individuals.

The extent of the supervisor's work is indicated by the following figures:—

Midwives interviewed at office	215
Visits paid to midwives in their own homes	1,268
Inspections held	24
Attendances of midwives at inspections	257
Total visits by supervisor	2,309

During the year eleven additional certificated midwives were registered and three names were removed from the register owing to death.

Nine midwives were interviewed at head office and reprimanded for a variety of reasons.

PUERPERAL FEVER.

Reported cases of this notifiable disease are investigated by the Maternal and Child Welfare Branch and are admitted to the City Hospital where necessary.

The cases of puerperal fever reported in the year, corrected for imported cases and misdiagnosis, numbered 7 (1 European and 6 non-Europeans). There were no deaths from this cause in the city area, the five deaths shown in the table on page 24 being due to septic abortion in four instances and pyelitis associated with pregnancy in the other case.

The mortality from this cause for a series of years is shown on page 24.

Attendance at Confinement.

Three of the cases were confined in institutions and four at home. In five instances the condition supervened on the birth of a living child, and two followed abortion.

Three of the cases were treated in the City Hospital. There were no cases in the Langa African Township.

OPHTHALMIA NEONATORUM AND GONORRHOEAL OPHTHALMIA.

For the purpose of notification, ophthalmia neonatorum is defined as a purulent inflammation of the eyes of an infant occurring within twenty-one days after birth, whether it be due to infection with the gonococcus or not.

Cases of inflammation of the eyes beginning after the twenty-first day of life are not regarded as ophthalmia neonatorum, but if due to gonococcal infection are notifiable as gonorrhoeal ophthalmia.

514 (21 European and 493 non-European) cases of ophthalmia were notified, which is 3.4 per cent of the registered live births. Of these, 224 were born in institutions and 81 confined at home by institution district staff. The remaining 209 cases were confined at home, 16 having been attended by doctors, 183 by private midwives, 4 were unattended and 6 untraced. Swab results are recorded in 470 cases, of which 51 were positive for gonococci, 8 doubtful and the remainder negative.

All cases except those under treatment by private or hospital medical practitioners are seen and treated by the Department's clinic medical officers. Every case is kept under further observation by the health visitors in order to secure efficient treatment.

It is to be recorded that the health visitors reported 252 of the cases as "slight" and 206 as "moderate" or "grave"; 56 were not commented upon.

Efforts are made to examine all children after the completion of treatment and, with the exception of 4 children who died from other causes and 18 cases which could not be traced, all cases recovered completely.

In addition to the above figures, there were 7 cases reported in the Langa African Township.

DIPHTHERIA, WHOOPING COUGH AND TETANUS IMMUNIZATION.

Two immunizing teams, each consisting of a medical officer, health visitor and an assistant, conducted 10 immunizing sessions per week throughout the year at clinics, institutions and schools.

A postcard is sent to all parents whose infants have reached the age of five months indicating the seriousness of diphtheria and advising immunization by a private doctor or by the nearest clinic.

At the Department's sessions the triple antigen of diphtheria, whooping cough and tetanus toxoid was used. Children who had had whooping cough were given the combined antigen of diphtheria and tetanus.

A booster injection against the selfsame diseases is given one year after the initial course to all infants, and a further injection against diphtheria only to school entrants.

The work done at the municipal sessions during the year is shown by the following figures:

Number of sessions:

At schools	67
At institutions	36
At child welfare centres	302
	<u>405</u>

Total persons immunized:

<i>European.</i>	<i>Non-European.</i>	<i>All races.</i>
4,141	19,046	23,187

Of the 23,187 persons immunized, 23,047 were children under 9 years of age, and 17,031 were immunized for the first time.

Type of material used:	No. of persons immunized	No. of injections
Combined diphtheria, whooping cough, tetanus (Diphtheria P.T.A.P., Haemophilus pertussis, Tetanus toxoid)	13,473	34,972
Combined whooping cough, diphtheria prophylactic (haemophilus pertussis and diphtheria P.T.A.P.)	1,395	1,458
Combined diphtheria, tetanus (Diphtheria P.T.A.P. and tetanus toxoid)	143	282
Diphtheria P.T.A.P. (Purified toxoid on aluminium phosphate)	8,138	11,789
Diphtheria adsorbed dissolved floccules ...	38	74
	<u>23,187</u>	<u>48,575</u>

POLIOMYELITIS IMMUNIZATION.

During the year, poliomyelitis immunization was carried out at five weekly sessions to children up to 16 years of age and expectant mothers. The figures show a considerable increase on the numbers presenting themselves for immunization during 1957.

Total persons immunized:

<i>European.</i>	<i>Non-European.</i>	<i>All races.</i>
4,845	18,233	23,078
Number of injections given		45,482

SCHOOL CLINICS.

By arrangement with the Provincial Administration school clinics are organised by the Maternal and Child Welfare Branch and held during the school term at certain of the City Council welfare centres.

General sessions with a medical officer in attendance are held weekly at Woodstock and Aspelng Street (city), and fortnightly at Shortmarket Street (city), Maitland, Windermere, Claremont, Athlone and Wynberg.

Cases requiring specialised attention are referred to the appropriate out-patients department of a general hospital, or to a child guidance or mental hygiene clinic, while those suffering from the effects of malnutrition and debility following illness are sent to convalescent homes. Where necessary, visits are made to the homes of such children and the parents or guardians interviewed.

Ophthalmic and ear, nose and throat clinics with specialists in attendance are held three times and once per week respectively at the Woodstock centre.

Two health visitors are employed for this aspect of the work.

The work done during the year is shown in the table on page 27 and is further analysed in the following figures:—

	Ophthalmic school clinic.			General school clinic.			Ear, nose and throat clinic.		
	Eur.	Non-Eur.	Total.	Eur.	Non-Eur.	Total.	Eur.	Non-Eur.	Total.
Number of new cases ...	357	894	1,251	217	3,207	3,424	75	312	387
Total attendances ...	924	2,240	3,164	675	11,594	12,269	104	426	530
Number of sessions held ...			130	—	—	198	—	—	36
Children fitted with spectacles:									
Full-paying ...	101	141	242						
Part-paying ...	73	362	435						
Free ...	25	56	81						

ORTHOPAEDIC WORK.

The Child Welfare Branch is responsible for the care of children under 6 years of age living within the municipal area who are suffering from orthopaedic conditions but are not in hospital.

The Department employs one orthopaedic health visitor who works in close collaboration with the Orthopaedic District Sisters of the Provincial Administration, and divides her time between domiciliary visiting and clinics.

Clinics.

Monthly clinics are held in four centres with an orthopaedic surgeon in attendance, two orthopaedic sisters from the Provincial Administration, an orthopaedic technician, clinic clerk and Cripple Care Social Worker.

Weekly clinics are also held in these centres, where the treatment ordered by the orthopaedic surgeon is carried out by the orthopaedic sisters.

The following figures give an indication of the work of the orthopaedic health visitor:—

House visits made	2,059
Clinics held:	
Surgeons	44
Sisters	195
	239
Attendances at clinics:	
Surgeons	1,592
Sisters	5,974
	7,566

The causes of disablement are varied but more than half of these are due to poliomyelitis and congenital deformities.

DAY NURSERIES AND NURSERY SCHOOLS.

The employment of married women in factories, domestic work and other spheres of labour has become a necessity for many families, who could not otherwise maintain a reasonable standard of living.

Many of the infants of working mothers are cared for by foster mothers. Although the care given is often good, in some cases it leaves much to be desired.

Nurseries and nursery schools are therefore an essential health measure for the underprivileged child providing, as they do, proper care in hygienic surroundings, in addition to forming constructive social and educational backgrounds. Three nursery schools, one with creche attached, and a day nursery at Langa African Township are maintained by the Branch and are supervised by a senior European nursery school teacher.

All private nursery schools and creches must be registered by the Union Department of Social Welfare, and with a view to assisting this body, a municipal health visitor visits them and reports on the suitability or otherwise of the premises in question.

BOKMAKIRIE CRECHE AND NURSERY SCHOOL.

This nursery school serves the Council's housing schemes in Kew Town and Bokmakirie and has accommodation for 80 children under school age, 20 babies between 3 months and 2 years, and 60 children between 2 and 6 years of age. The nursery is open from 8 a.m. to 5 p.m. and meals are provided. It is staffed by a creche superintendent, three non-European junior nursery school teachers, and three helpers.

BLOEMHOF NURSERY SCHOOL.

This school is run in the Bloemhof Community Centre attached to the municipal housing scheme in Constitution Street, Cape Town. There is accommodation for 40 children from 3 to 6 years of age, under the supervision of a European nursery school teacher, and a non-European junior nursery school teacher. The nursery is open from 8 a.m. to 5 p.m. and a mid-day dinner is provided.

SHELLEY STREET NURSERY SCHOOL.

This nursery school is situated in the centre of a busy factory area in Salt River, and is very popular. There is accommodation for 45 children from 3 to 6 years of age, under the supervision of two non-European junior nursery school teachers. The nursery school is open from 8 a.m. to 5 p.m. and meals are provided.

LANGA DAY NURSERY.

A day nursery is conducted in the Langa African Township for 20 infants and 50 children between the ages of 2 and 6 years. There are two trained African nurses, 3 adult helpers and 2 juvenile helpers.

HYMAN LIBERMAN INSTITUTE NURSERY SCHOOL.

The City Council took over the nursery school at the Hyman Liberman Institute on the 1st April, 1958. This nursery school is conducted in the hall of the Institute and caters for 70 children between the ages of 3 and 6 years.

The attendances at the municipal nurseries and nursery schools during the year are shown in the following table:—

	Shelley St.	Bloemhof.	Bokmakirie.	Langa.	Liberman Institute.
New entrants	27	21	21	58	18
Mean total on register	50	45	81	78	70
Daily sessions	214	214	214	251	160
Mean attendances per session	41	40	74	60	65
Total attendances	8,773	8,549	15,806	14,990	10,329

A resident nursery for the infants of tuberculous non-European women is run in a cottage in the municipal housing scheme in Kew Town. The infants are admitted, as soon after birth as possible, to enable the mothers to be transferred to a tuberculosis hospital for treatment.

The home has accommodation for a maximum of seven infants with a non-European house-mother in charge. They are vaccinated with B.C.G., and remain in the home until the mothers are in a fit condition to care for them or some other suitable arrangements can be made.

PROTECTED INFANTS.

Children under 10 years of age who are maintained apart from their parents or close relatives and are living with foster parents have by law to be registered by the foster mother with the Commissioner for Child Welfare of the district. Infant protection visitors who visit and report on these children are appointed by the Commissioner.

In Cape Town, the health visitors of the Child Welfare Branch have been nominated to act as infant protection visitors for children under school age.

The practice of placing children with foster mothers particularly amongst non-Europeans is very common in Cape Town. Many of these foster mothers diligently care for their wards but difficulties do arise when payments tend to become irregular or cease altogether owing to the fact that the parents, being unmarried, frequently disappear.

All social problems which might affect the welfare of the young child are brought to light by the health visitor at her periodic visits. Should a foster mother prove unsuitable, the Commissioner for Child Welfare is informed so that arrangements may be made for the removal of that child to some more suitable person.

The number of protected infants registered in the year was as follows:—

Cape Town Magisterial District	140
Wynberg Magisterial District	197
	<u>337</u>

ADOPTION OF CHILDREN.

Any person who is desirous of adopting a child in Cape Town usually applies in the first instance to the Adoption Committee of the Society for the Protection of Child Life, or the A.C.V.V. Similarly, anyone who wishes to have a child adopted is referred to the Secretary of one of these Adoption Committees. Where an adoption is to be arranged, these Committees act in an advisory capacity to the Commissioner for Child Welfare who is responsible for authorising legal adoption under the Childrens' Act. Adoptive parents and the children concerned are usually kept under supervision for a period so that it may be ascertained whether the adoption is satisfactory before it is finalised. The list of proposed adoptions is referred to the maternal and child welfare officer, who advises on the health of the persons concerned.

During the current year the following number of infants were placed with adoptive parents on probation:—

Europeans	94
Non-Europeans	53
	<u>147</u>

SOCIAL WELFARE WORK.

The Social Welfare Investigator is available for interviews each morning and in the afternoons she visits private homes, institutions and maternity homes in connection with cases.

Many requests for advice and help from expectant mothers, and mothers of small children, are in connection with non-support from fathers and reputed fathers. Many of these are for various reasons loath to report to the non-support officer.

As required by the Immorality Act of 1957, all cases of unmarried mothers under the age of 16 years are fully investigated. During 1958, 918 cases (205 European, 623 Coloured and 90 African) were investigated.

The social welfare investigator visits in an advisory capacity rescue homes and reports to the health visitors when the mothers and babies leave such institutions.

Close contact and co-operation is maintained with Societies such as the Society for the Protection of Child Life, Afrikaanse Christelike Vrouens Vereniging, Mental Health Society, Social Welfare Department and non-support officers.

SECTION IV.—DENTAL BRANCH.

PREPARED BY DR. S. WINER: PRINCIPAL DENTAL OFFICER.

Despite the advances made in the treatment of dental diseases and abnormalities, there has been very little progress in the field of prevention as applied to the mass of the population.

Two aspects in the prevention of disease must be considered:

- (a) the development of sound, healthy and resistant tissues; and
- (b) the application of prophylactic measures in the immediate prevention of disease.

In the consideration of these categories it must be borne in mind that the permanent teeth commence development approximately six years before their eruption. The deciduous teeth begin theirs early in foetal life. At birth the formation of the first teeth are well advanced, and this period marks the inception of the development of permanent teeth. The process of this growth goes on intermittently until well into adolescent life. It is therefore obvious that external influences can and do have a profound effect on the development of dental tissues. In this connection it is apparent that the nature, quality and quantity of food intake is of paramount importance.

At this stage it should be made clear that while certain races, such as the Bantu, subsist on a scientifically unbalanced diet, and appear relatively immune to dental caries, their diet is free from caries-inducing factors, and it is this aspect rather than the possession of resistant tissues which is responsible for their apparently healthy dentitions while living under tribal conditions.

It has been assumed that the inadequacy of certain minerals, such as fluorine in the soil and water is largely responsible for the relatively poor development of teeth, and the addition of certain of these minerals to water supplies has recently been recommended. Careful investigation has however demonstrated that while this procedure has not been successful in completely eradicating dental caries, it has resulted in a demonstrable improvement which has encouraged a number of overseas local authorities to fluoridate their water supplies.

In areas of heavy rainfall, such as the coastal areas of the Southern Cape, minerals are leached out of the soil and there is a resultant deterioration in dental conditions.

In other areas faulty methods of farming lead to a gradual but definite deprivation of naturally occurring minerals from the soil, which has become a matter of national importance.

The deficiencies in diet attributable to the poverty of the soil, and the failure to remedy these defects artificially, have led investigators to urge the general municipalisation of compost production from waste with a view to maintaining the adequacy of the soil with the consequent improvement in the health of the individual.

The incidence of caries in civilised communities is almost one hundred per cent. It appears to be directly attributable to the fermentation of carbohydrates in contact with the teeth. The form in which the carbohydrates is taken, the time and frequency of its ingestion, and the efforts to counteract its action are all vital to the incidence and extent of caries.

Unfortunately the desire for whiter bread has led to the elimination of valuable elements from the wheat, and the fine milling of flour renders its fermentation more easy of accomplishment.

When sugar is added to the finely milled flour, as is done in the manufacture of biscuits and other forms of confectionery, the ideal medium for encouraging dental caries is established, and if this does not constitute a serious enough situation, one finds that certain mineral waters with an acid reaction are also partaken of in large quantities. It can be well imagined what the effect is of all these unfavourable conditions when it is accompanied by a complete lack of oral hygiene. The importance of oral hygiene, particularly the adequate cleaning of the teeth after the last meal of the day cannot be overrated as considerable damage is done to the dirty inert mouth while at rest.

Dental caries when neglected involves the destruction of increasing amounts of dental tissue leading, if neglected, to infection and deep-seated sepsis with resultant impairment of health, disfigurement and pain. Early skilled attention can avert this, but in extreme cases, only drastic elimination of septic foci can suffice.

The three main factors affecting public dental health are: (a) Prevention; (b) Education; and (c) Treatment.

(a) In the field of prevention it is obvious that efforts must be made on a national scale to encourage the production and improvement of protective foods at low cost to the consumer; (b) by education from an early age to inculcate an appreciation of a sound dentition, a knowledge of food values, and the importance of dental care; and (c) by encouraging and subsidising local authorities to follow the example of the larger towns in the establishment of treatment centres for the carrying out of all branches of dentistry for citizens — and in particular children and adolescents — unable to afford the ordinary cost of treatment.

The Municipality of Cape Town has set an example to other towns in the Union by the extensive application of dental treatment to all age groups eligible for treatment.

The geographical position of Cape Town, and its relation to sea and mountains, has made it impossible to centralise Municipal activities without imposing considerable inconvenience and expense to citizens. This applies particularly to the less affluent members of the community, to whom the expense of travelling and loss of time are matters of some importance.

Branch clinics have therefore been established at suitable centres in the Municipality in order adequately to cope with the problem without too great a multiplicity of centres.

The services are carried out at the following centres, the controlling body being indicated in each case:—

- | | |
|--|------------------------|
| 1. Central Dental Clinic — Hope Street. | (Municipal) |
| 2. Dental Clinic — Maitland. | (Municipal) |
| 3. Dental Clinic — Retreat. | (Municipal) |
| 4. Child Welfare & Maternal Clinic — Aspeling Street. | (Municipal) |
| 5. Child Welfare & Maternal Clinic — Woodstock/Salt River. | (Municipal) |
| 6. Child Welfare & Maternal Clinic — Wynberg. | (Municipal) |
| 7. Child Welfare & Maternal Clinic — Athlone. | (Municipal) |
| 8. Child Welfare & Maternal Clinic — Lansdowne. | (Municipal) |
| 9. Dental Clinic for T.B. patients — Spencer Road, Salt River. | (Municipal) |
| 10. Langa Hospital Out-Patients. | (Municipal) |
| 11. City Hospital for Infectious Diseases — Green Point. | (Municipal) |
| 12. Brooklyn Chest Hospital (non-European Males). | (Municipal) |
| 13. Dr. Stals T.B. Sanatorium — Retreat (non-European Females and Children). | (Div. Council) |
| 14. Lady Michaelis Orthopaedic Hospital — Plumstead. | (Prov. Administration) |
| 15. Maitland Cottage Home for Crippled Children — Newlands. | (Prov. Administration) |

At the first three listed clinics, patients of both sexes, of all age groups, are treated.

At the five Child Welfare and Maternal Clinics treatment is limited to expectant and nursing mothers, and pre-school and school children.

At the clinics numbered 9 and 10 treatment is given to eligible out-patients, while at the remaining five institutions treatment is limited to in-patients.

The financial responsibility for conducting dental clinics in the Municipality rests with the City Council, but the recovery of certain costs is made in the following manner.

Basic sub-economic fees for each service have been established as a maximum and patients are assessed as to their ability to pay the whole or portion of the fee. If indicated no fee is charged.

The difference between the cost of supplying artificial dentures and the total fees received for this service is made up by the Union Department of Health, which also contributes approximately fifty per cent of the net annual deficit incurred in treating sub-economic groups in the City.

The cost of providing the service to school children is defrayed by the Provincial Administration.

The cost of treatment of Tuberculosis, Child Welfare and Maternal, and Langa Hospital patients is debited against the Branch or Authority concerned.

Where cases from outside the Municipality are referred by Magistrates, District Surgeons, or local authorities, the authority concerned assumes liability for the cost.

The full-time staff of the Dental Branch as at the 31st December, 1958, consisted of the following:—

- Principal Dental Officer.
- Assistant Principal Dental Officer.
- Assistant Dental Surgeon.
- Dental Mechanics (5).
- Clerical Staff (4).
- Senior Dental Nurse (1).
- Dental Nurses (4).
- Clinic Assistants (3).
- Social Welfare Visitor (1).
- Laundress (1).
- Domestic (1).
- Caretaker/Cleaner (1).
- Labourer (1).

The professional staff is also assisted by a number of part-time dental officers, anaesthetists, nurses and clinic assistants. The following table briefly indicates the scope and extent of the services rendered in the year ended 31st December, 1958:—

DENTAL CLINICS.

Centre.		Ses- sions.	New cases.		Total attend- ances.		Extractions (persons).		Fillings (persons).		Examina- tions and other dental treatment.		Dentures supplied (persons).	
			E.	O.	E.	O.	E.	O.	E.	O.	E.	O.	E.	O.
Hope Street, Cape Town	General:													
	Adults	1396	815	6340	3515	17450	459	6077	356	162	2712	11183	323	881
	Children... ..	390	619	1446	2567	3316	642	1627	349	30	1619	1674	3	2
	School children...		218	33	1436	461	136	30	1087	393	267	54	—	—
	Total ..	1786	1652	7819	7518	21227	1237	7734	1792	585	4598	12911	326	883
Aspelng Street, Cape Town	Nursing and expect- tant mothers ...	49	—	181	—	199	—	188	—	—	—	11	—	—
	Pre-school children		—	571	—	624	—	605	—	—	—	19	—	—
	School children...	56	—	1544	—	1758	—	1412	—	—	—	346	—	—
	Total...	105	—	2296	—	2581	—	2205	—	—	—	376	—	—
Woodstock	Nursing and expect- tant mothers ...	25	1	89	1	112	—	105	—	—	1	7	—	—
	Pre-school children		9	204	10	250	10	245	—	—	—	5	—	—
	School children...	132	241	946	696	1225	208	970	357	—	145	255	—	—
	Total...	157	251	1239	707	1587	218	1320	357	—	146	267	—	—
Maitland	General:													
	Adults	71	6	478	18	939	11	460	—	—	7	479	—	—
	Children... ..		24	309	40	596	23	314	—	—	17	282	—	—
	Nursing and expect- tant mothers ...	44	4	339	4	446	2	311	—	—	2	138	—	—
	Pre-school children;		43	344	46	390	34	292	—	—	12	99	—	—
	School children;	187	505	1,678	828	1,987	333	1,573	299	129	213	305	—	—
	Total...	302	582	3148	936	4358	403	2950	299	129	251	1304	—	—
Athlone	Nursing and expect- tant mothers ...	60	—	296	—	380	—	357	—	—	—	23	—	—
	Pre-school children;		—	581	—	664	—	635	—	—	—	29	—	—
	School children...	76	—	2432	—	2555	—	2232	—	—	—	324	—	—
	Total...	136	—	3309	—	3599	—	3224	—	—	—	376	—	—
Wynberg	Nursing and expect- tant mothers ...	27	5	162	6	209	5	195	—	—	1	14	—	—
	Pre-school children;		35	285	42	313	38	307	—	—	4	6	—	—
	School children...	163	271	2168	545	2446	179	1816	237	124	143	514	—	—
	Total...	190	311	2615	593	2968	222	2318	237	124	148	534	—	—
Lansdowne	School children...	109	296	733	733	869	282	684	265	2	198	183	—	—
Retreat	General:													
	Adults.	100	1	1049	2	2000	1	970	—	—	1	1031	—	—
	Children... ..		3	451	5	809	4	390	—	—	1	423	—	—
	Nursing and expect- tant mothers ...	25	—	236	—	263	—	228	—	—	—	35	—	—
	Pre-school children;		2	199	2	218	2	202	—	—	—	17	—	—
	School children;..	25	—	710	—	780	—	657	—	—	—	124	—	—
	Total...	150	6	2645	9	4070	7	2447	—	—	2	1630	—	—
St. Mary's Training School		2	22	—	104	—	15	—	—	—	89	—	—	—
City Hospital	In-patients ...	6	38	59	41	78	20	48	—	—	21	30	—	—
Brooklyn Chest Hospital	In-patients ...	10	—	142	—	179	—	144	—	—	—	35	—	—
Langa Hospital	Native residents, Langa ...	50	—	529	—	1119	—	1051	—	—	—	68	—	—
Dr. A.J. Stals Memorial Sanatorium	In-patients ...	17	—	214	—	304	—	243	—	—	—	60	—	—
Tuberculosis Clinic, Spencer Road	Out-patients ...	84	38	437	82	1283	22	384	13	15	50	896	7	146
Lady Michaelis Home	In-patients ...	4	11	18	15	30	4	12	—	—	11	18	—	—
Maitland Cot- tage Home	In-patients ...	2	—	85	—	115	—	30	—	—	—	85	—	—
Students Clinic Retreat	Out-patients ...	2	—	9	—	27	—	27	—	—	—	—	—	—
	Adults		908	10560	3669	24988	520	10788	369	177	2795	14010	330	1027
	Children		2299	14737	7069	19406	1910	14033	2594	678	2719	4763	3	2
	Totals ...	3112	3207	25297	10738	44394	2430	24821	2963	855	5514	18773	333	1,029

SECTION V.—INFECTIOUS AND OTHER DISEASES.

The cases of compulsorily notifiable diseases reported in the Municipality of Cape Town during the year are shown in the tables on pages 96 to 98 classified by race and:

Table N, in months according to date of notification.
Table O, in age and sex groups.
Table P, in wards.

Other statistical details as to deaths from infectious diseases are contained in Tables A, B and C on pages 81 to 83.

No cases were reported of the following notifiable diseases: Anthrax, Asiatic cholera, glanders, lead poisoning, plague, rabies, sleeping sickness, small pox, typhus, or yellow fever.

ENTERIC OR TYPHOID FEVER.

The number of cases reported during the year corrected for misdiagnosis and imported cases was 46 (2 Europeans and 44 non-Europeans) equivalent to an incidence rate of 0.09 per 1,000 population (0.01 European and 0.13 non-European). Two of the non-European cases died.

During the previous year, there were 71 cases and two deaths.

Three cases occurred in the Langa African Township and two were reported from an institution in Ward 8.

There were three instances of a second case occurring within the same household.

43 of the City cases were treated at the City Hospital, two cases were treated in the institution wherein they became ill and one case was nursed at home.

In addition there were 52 cases (4 European and 48 non-European) from outside the city, admitted to the City Hospital. Three of these cases proved fatal.

The incidence rates for the year under review are the lowest on record in Cape Town.

The distribution of the cases was as follows:—

Month		Age-Groups		Wards.	
January	5	1-2 years	1	1	1
February	3	2-5 years	1	2	1
March	8	5-10 years	14	5	4
April	12	10-15 years	9	6	5
May	3	15-25 years	11	7	2
June	2	25-35 years	6	8	19
July	3	35-45 years	3	10	3
August	2	45-55 years	1	11	1
September	4			15	10
October	1		46		
December	3				46
	46				

The distribution of the disease followed the typical pattern. 25 of the cases occurred in unsewered homes and 14 in houses where living conditions were unduly crowded.

The search for a "carrier" responsible for 5 cases (phage Type E.1) in Ward 15 was rewarding. The source of infection proved to be a 19 year old non-white mentally retarded girl. No history of any previous typhoid-like illness could be obtained from her parents. She was admitted to the City Hospital in May, but all attempts to render her a non-excretor failed, and she was finally discharged home in July. Subsequent to her discharge, a cousin of the same age contracted typhoid, and even though the association was remote, there is little doubt that this "carrier" was again the cause.

Her parents were instructed to keep her from the kitchen and the handling of food, and to limit her movements. She is now employed by her father in his firewood business.

While this "carrier" was in hospital, two children in one house in the same vicinity contracted the disease, also of the "E.1" phage type. A routine investigation disclosed their mother to be an asymptomatic carrier. She too was admitted to the City Hospital, but was still infectious on discharge. This woman is fully aware of her potential danger to others and has co-operated in every way, even to the extent of not preparing food for her own family by getting a neighbour to assist, but the problem posed by the former case is a real one, and strict supervision is essential.

In Windermere six cases of the common phage type A occurred in a small area where one of the cases who had been ill for some time proved to be a "carrier". After her removal to hospital no further cases were notified.

All attempts to trace the source of infection of the two European cases failed, but as both had been on excursions to the country areas where typhoid was prevalent; it is almost certain that the infections were not contracted locally.

During the year 4 "carriers" were discovered. There are 31 known "carriers" within the Municipal area who are visited at least once per month and reminded of their potential danger to others, and the necessity for washing of hands after visiting the toilet. Where possible, even in their own homes they are forbidden to handle or prepare foodstuffs, and are duty bound to advise the Department of any proposed change of address.

It is the unknown and unrecognized "carrier" who is the cause of every outbreak. The known "carrier" can be controlled and seldom infects others.

The search for "carriers" is a work which never ceases. The Department has intensified this search over the past two years, and I have to record my appreciation to the staff of the

Government Laboratory of the Union Health Department not only for coping with the extra work involved, but also for the enthusiastic interest which is always shown when the Department is investigating the occurrence of sporadic typhoid cases.

DIPHTHERIA.

The cases of this disease reported during the year, corrected for misdiagnosis and imported cases, numbered 76 (22 European and 54 non-European) equivalent to an incidence rate of 0.14 per 1,000 population (0.11 European and 0.16 non-European). During the previous year 74 cases were reported (21 European and 53 non-European), without any change in the incidence rates.

Of the 76 cases reported in 1958, 2 European and 5 non-European cases aged 0-5 years proved fatal, but one of the non-European deaths, which took place in the City Hospital, was not registered locally, yielding a death rate of 0.01 for the city, European and non-European alike. One of the fatal cases, a child of 2 years, who died in the City Hospital, had received the first diphtheria immunization injection about fifteen months previously at a municipal clinic, but there is no record of the remaining six fatal cases having been immunized.

Secondary infection occurred in only one house in which there were two cases. All the cases were admitted to the City Hospital except in one instance where the department only became aware of the case through registration of the death. One of the cases was a nursing sister in an institution in ward 6.

There were two cases in the Langa African Township.

Excluded from the above figures are 126 cases from outside the city area treated in the City Hospital, of whom 2 Europeans and 17 non-Europeans died.

Of the 61 city cases under 10 years of age, 10 had records of having received immunizing injections at the municipal clinics. The record of the Department's work in immunization is given below:—

Year.	Number of Notifications			Persons Immunized		
	Eur.	Non-Eur.	All Races.	Eur.	Non-Eur.	All Races.
1938-39 ..	537	233	770	3,202	2,806	6,008
1939-40 ..	286	130	416	2,541	2,421	4,962
1940-41 ..	204	89	293	1,770	3,086	4,856
1941-42 ..	195	138	333	2,038	2,941	4,979
1942-43 ..	160	135	295	3,398	3,814	7,212
1943-44 ..	175	110	285	3,206	4,828	8,034
1944-45 ..	89	89	178	2,517	8,465	10,982
1945-46 ..	91	84	175	2,347	7,488	9,835
1946-47 ..	51	56	107	3,214	8,217	11,431
1947-48 ..	64	73	137	3,515	8,227	11,742
1948-49 ..	33	60	93	2,989	11,038	14,027
1949-50 ..	60	62	122	3,298	10,256	13,554
1950-51 ..	41	60	101	2,375	10,514	12,889
1951-52 ..	34	34	68	2,588	9,439	12,027
1952-53 ..	33	47	80	3,750	13,010	16,760
1953-54 ..	28	40	68	3,441	14,636	18,077
1954-55 ..	32	81	113	4,162	17,955	22,117
1956 ..	11	38	49	4,433	17,356	21,789
1957 ..	21	53	74	3,999	17,944	21,943
1958 ..	22	54	76	4,141	19,046	23,187

Other particulars will be found in the table on page 40 and in Tables N to P on pages 96 to 98.

Diphtheria carriers.

One European and 16 non-European carriers were notified in the city area, and one in the Langa African Township, all of whom were treated in the City Hospital. In addition, two non-European carriers from outside the municipal area were also admitted to the City Hospital.

SCARLET FEVER.

The cases of this disease reported in the year, corrected for misdiagnosis and imported cases, numbered 103 (87 European and 16 non-European) equivalent to an incidence rate of 0.19 per 1,000 population (0.45 European and 0.04 non-European). There were no deaths from this disease. In the previous year 82 cases were reported, which was an unusually low figure.

One case occurred in the Langa African Township.

Three of the cases occurred in institutions and one in a military camp. Secondary infection occurred in nine houses, in eight of which there were two cases each and in one house three cases. 72 of the cases were admitted to the City Hospital, 29 were nursed at home under satisfactory conditions of isolation, and two were admitted to a military hospital. In two of the instances where home isolation was permitted, there were two patients ill concurrently, but there was no further spread of infection.

In addition to the above figures, there was one case of imported infection, and 26 cases admitted to the City Hospital direct from outside the city area.

Other particulars will be found in the table below and in Tables N to P on pages 96 to 98.

CORRECTED NOTIFICATION AND DEATH RATES PER 1,000 POPULATION FROM ENTERIC FEVER,
DIPHTHERIA AND SCARLET FEVER.

Year.	Enteric fever.				Diphtheria.				Scarlet fever.			
	Notifications.		Deaths.		Notifications.		Deaths.		Notifications.		Deaths.	
	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.
1914-15 ..	3.13	2.89	0.26	0.30	1.94	0.82	0.20	0.29	0.98	0.13	0.03	—
1915-16 ..	1.96	1.73	0.01	0.37	2.27	0.67	0.20	0.25	1.54	0.10	—	—
1916-17 ..	1.90	1.92	0.16	0.41	1.91	0.53	0.12	0.17	0.60	0.05	—	—
1917-18 ..	1.55	1.58	0.13	0.40	1.20	0.41	0.08	0.14	1.09	0.17	—	—
1918-19 ..	2.20	2.40	0.19	0.42	1.22	0.31	0.03	0.13	1.65	0.23	—	—
1919-20 ..	2.60	2.50	0.22	0.52	1.30	0.45	0.08	0.15	2.84	0.29	0.03	—
1920-21 ..	3.46	3.78	0.37	0.56	0.75	0.29	0.05	0.04	2.25	0.18	0.02	—
1921-22 ..	1.98	2.48	0.20	0.50	0.86	0.22	0.08	0.07	0.94	0.11	—	—
1922-23 ..	1.71	1.64	0.21	0.31	1.15	0.28	0.10	0.06	0.45	0.06	—	—
1923-24 ..	1.12	1.04	0.11	0.23	1.51	0.55	0.08	0.12	0.24	0.03	—	—
1924-25 ..	0.72	1.02	0.07	0.21	1.90	0.45	0.15	0.09	0.46	0.01	—	—
1925-26 ..	0.78	1.05	0.07	0.18	1.60	0.48	0.07	0.12	1.15	0.08	—	0.01
1926-27 ..	1.02	1.26	0.13	0.28	1.62	0.89	0.10	0.16	1.07	0.11	—	—
1927-28 ..	0.84	1.19	0.08	0.22	1.25	0.54	0.08	0.11	1.76	0.05	0.02	—
1928-29 ..	0.76	0.86	0.10	0.22	1.23	0.60	0.10	0.13	1.17	0.08	—	0.01
1929-30 ..	0.65	0.79	0.06	0.14	1.23	0.45	0.10	0.09	1.93	0.16	0.01	0.01
1930-31 ..	0.71	0.84	0.06	0.19	1.38	0.76	0.06	0.09	3.11	0.32	0.01	—
1931-32 ..	0.51	0.78	0.09	0.19	0.86	0.53	0.05	0.09	0.87	0.14	—	—
1932-33 ..	0.21	0.23	0.02	0.04	1.00	0.57	0.06	0.05	0.85	0.14	—	—
1933-34 ..	0.36	0.36	0.01	0.05	1.33	0.80	0.04	0.08	0.71	0.07	—	—
1934-35 ..	0.22	0.36	0.04	0.07	1.61	1.00	0.06	0.14	1.55	0.10	0.01	—
1935-36 ..	0.20	0.31	0.02	0.04	1.25	0.88	0.07	0.12	3.95	0.24	0.02	0.01
1936-37 ..	0.22	0.67	0.01	0.09	1.45	0.83	0.01	0.08	2.98	0.20	0.02	0.01
1937-38 ..	0.37	0.28	0.03	0.05	2.20	1.73	0.12	0.23	0.72	0.09	0.01	—
1938-39 ..	0.09	0.25	0.01	0.03	3.36	1.55	0.12	0.31	0.51	0.05	—	—
1939-40 ..	0.22	0.22	0.01	0.02	1.75	0.84	0.03	0.12	0.76	0.07	—	—
1940-41 ..	0.07	0.16	0.01	0.06	1.21	0.56	0.04	0.05	1.30	0.11	—	—
1941-42 ..	0.23	0.45	0.01	0.07	1.22	0.85	0.04	0.10	1.67	0.06	0.01	—
1942-43 ..	0.55	0.41	0.02	0.08	0.98	0.81	0.06	0.09	0.94	0.04	—	—
1943-44 ..	0.10	0.32	0.02	0.04	1.03	0.61	0.02	0.09	0.91	0.04	0.01	—
1944-45 ..	0.12	0.42	0.02	0.09	0.51	0.48	0.03	0.07	0.82	0.09	0.01	0.01
1945-46 ..	0.12	0.45	0.02	0.06	0.15	0.44	0.01	0.06	1.80	0.22	—	0.01
1946-47 ..	0.13	0.73	0.03	0.12	0.28	0.29	0.01	0.03	1.36	0.10	—	—
1947-48 ..	0.19	0.33	0.03	0.04	0.34	0.36	0.02	0.03	0.81	0.12	—	0.01
1948-49 ..	0.07	0.20	0.01	0.04	0.17	0.29	0.02	0.02	0.97	0.12	—	—
1949-50 ..	0.08	0.14	—	0.03	0.30	0.29	0.02	0.05	1.17	0.13	—	—
1950-51 ..	0.05	0.15	—	0.02	0.22	0.25	—	0.04	1.12	0.20	—	—
1951-52 ..	0.12	0.23	—	0.01	0.18	0.14	0.01	0.00	0.94	0.10	—	0.00
1952-53 ..	0.07	0.23	—	0.01	0.17	0.18	0.02	0.02	1.12	0.09	—	—
1953-54 ..	0.07	0.32	—	0.01	0.15	0.15	—	—	0.93	0.09	—	—
1954-55 ..	0.06	0.26	—	0.02	0.17	0.28	0.01	0.03	0.70	0.17	—	—
1956 ..	0.05	0.22	—	—	0.06	0.12	—	0.01	0.44	0.05	—	—
1957 ..	0.05	0.19	—	0.00	0.11	0.16	0.01	0.02	0.42	—	—	—
1958 ..	0.01	0.13	—	0.01	0.11	0.16	0.01	0.01	0.45	0.04	—	—

CEREBROSPINAL FEVER.

During the year there were 25 cases (3 European and 22 non-European) notified, equivalent to an incidence rate of 0.05 per 1,000 population (0.02 European and 0.06 non-European). In the previous year 31 cases were notified, and the figure for the year under report is the lowest since 1938. Three of the non-European cases were fatal, the Department being notified of two of these only after death.

One case occurred in the Langa African Township.

Of the 25 cases, 22 were treated at the City Hospital, one at a general Hospital, and two died at home prior to notification. In addition, 19 cases (5 fatal) were admitted to the City Hospital direct from outside the city area.

Other particulars will be found in the table below and in Tables N to P on pages 96 to 98.

ACUTE POLIOMYELITIS.

The cases of this disease reported during the year, corrected for misdiagnosis and imported cases, numbered 27 (7 European and 20 non-European) equivalent to an incidence rate of 0.05 per 1,000 population (0.04 European and 0.06 non-European). During the previous year 271 cases (86 Europeans and 185 non-Europeans) were notified.

Of the 27 cases reported, one European aged 4 years and one non-European aged 10 years proved fatal. All the cases were admitted to the City Hospital except one which was regarded as a post infective case. There was no secondary infection.

The great reduction from the total of the previous year resulted from the cessation of the epidemic in the middle of 1957. Windermere continued to provide the majority of cases.

In addition to above figures, 43 cases from outside the municipal area were introduced into the city — 42 being treated at the City Hospital and one at a children's hospital. A further two cases in the City Hospital were regarded as imported infections.

INFECTIVE ENCEPHALITIS.

There were 10 cases (2 European and 8 non-European) reported during the year, and one European death. Nine of the cases were admitted to the City Hospital and the remaining case being notified after death.

Three cases (2 European and 1 non-European) were admitted to the City Hospital direct from outside the city area and the Department was also advised of the death of another such case in a general hospital.

CASES (CORRECTED) AND DEATHS FROM CEREBROSPINAL FEVER, ACUTE POLIOMYELITIS, AND INFECTIVE ENCEPHALITIS.

Year.	Cerebrospinal fever.				Acute poliomyelitis.				Infective encephalitis.			
	Cases.		Deaths.		Cases.		Deaths.		Cases.		Deaths.	
	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.
1915-16 ..	2	—	—	—	4	5	—	—	—	—	—	—
1916-17 ..	2	—	1	—	3	1	1	2	—	—	—	—
1917-18 ..	6	2	3	2	3	2	1	1	—	—	—	—
1918-19 ..	3	5	—	5	2	2	2	—	—	—	—	—
1919-20 ..	3	6	3	5	1	1	—	1	—	—	—	—
1920-21 ..	4	1	3	1	3	1	—	—	3	1	2	1
1921-22 ..	4	1	—	—	1	1	1	1	5	—	5	—
1922-23 ..	4	5	4	2	—	1	—	1	3	1	2	1
1923-24 ..	2	3	2	3	1	—	—	—	5	4	3	4
1924-25 ..	6	19	5	11	1	1	1	1	6	5	3	4
1925-26 ..	4	21	5	19	—	—	—	—	6	10	6	7
1926-27 ..	10	39	6	29	2	—	1	—	6	5	4	5
1927-28 ..	39	183	18	92	8	4	2	1	8	3	3	3
1928-29 ..	30	101	16	59	4	1	1	—	7	5	5	3
1929-30 ..	14	48	8	27	11	6	3	1	4	3	3	—
1930-31 ..	4	18	3	15	5	5	—	2	1	4	—	3
1931-32 ..	7	35	3	21	—	—	—	—	7	2	5	2
1932-33 ..	8	22	5	15	4	4	1	2	4	4	—	1
1933-34 ..	3	17	3	17	8	3	—	—	2	—	—	—
1934-35 ..	5	20	3	15	11	14	1	3	8	3	2	1
1935-36 ..	1	9	1	10	1	3	—	—	4	3	2	4
1936-37 ..	7	11	7	9	7	2	2	—	1	3	2	1
1937-38 ..	3	15	2	5	4	2	4	—	4	4	2	1
1938-39 ..	5	33	1	17	2	9	—	—	—	2	—	1
1939-40 ..	2	24	1	7	5	11	—	—	2	3	1	—
1940-41 ..	23	45	4	8	5	4	—	1	1	5	1	3
1941-42 ..	19	47	1	4	4	3	2	2	3	1	2	—
1942-43 ..	23	80	2	13	2	—	—	—	6	3	3	2
1943-44 ..	39	222	9	36	5	1	—	—	—	2	—	—
1944-45 ..	25	80	6	18	46	18	1	1	—	1	—	1
1945-46 ..	16	58	1	12	10	4	1	2	1	—	—	—
1946-47 ..	15	31	2	6	4	3	—	—	—	5	—	1
1947-48 ..	5	33	1	9	13	13	2	—	—	—	—	—
1948-49 ..	13	49	3	7	8	11	—	—	1	1	—	1
1949-50 ..	10	39	5	13	7	9	—	—	2	2	—	1
1950-51 ..	16	55	3	13	12	8	—	—	—	2	—	2
1951-52 ..	6	51	1	6	10	2	1	—	3	2	—	—
1952-53 ..	7	40	—	10	14	13	4	—	4	4	—	1
1953-54 ..	10	49	1	4	41	25	3	—	2	2	—	1
1954-55 ..	19	54	1	5	10	19	—	—	2	2	—	1
1956 ..	12	36	2	4	39	85	—	5	1	17	—	5
1957 ..	6	25	—	5	86	185	9	9	1	8	—	2
1958 ..	3	22	1	3	7	20	1	1	2	8	1	—

MALTA FEVER.

A case of brucellosis in the person of a non-European male aged 14 years was transferred to the City Infectious Diseases Hospital from a general hospital. The patient was not in employment and no source of his infection could be traced.

TYPHUS FEVER.

A case of epidemic or louse-born typhus was notified from Groote Schuur Hospital outpatient department in an African male adult. It was established that the patient had arrived at Windermere a week previously from a road construction camp outside the municipal area already ill. On admission to the City Hospital he was found to be also suffering from pulmonary tuberculosis.

LEPROSY.

The solitary case of leprosy notified was an African male adult of the vagrant type.

INFLUENZA AND PNEUMONIA.

These diseases are not now notifiable in the Cape Town Municipality, but deaths from influenza and from bronchitis and pneumonia, with the corresponding death rates, are set out in the following table:—

Period.	Influenza.				Bronchitis.				Pneumonia (all forms).			
	European.		Non-European.		European.		Non-European.		European.		Non-European.	
	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.
Average												
1921-25 ..	8	0.07	13	0.15	37	0.35	198	2.30	88	0.84	394	4.57
1926-30 ..	20	0.16	31	0.28	36	0.29	240	2.26	82	0.66	379	3.54
1931-35 ..	18	0.12	25	0.19	32	0.23	205	1.58	81	0.57	392	3.04
1936-40 ..	21	0.13	20	0.14	28	0.18	176	1.21	75	0.48	424	2.89
1941-45 ..	10	0.06	12	0.07	22	0.13	143	0.84	64	0.39	467	2.74
1946-50 ..	4	0.03	9	0.05	18	0.09	105	0.52	56	0.30	365	1.81
1951-55 ..	5	0.03	6	0.02	16	0.03	50	0.20	52	0.27	249	0.96
Year 1956	2	0.01	1	0.00	10	0.05	40	0.13	55	0.29	262	0.85
„ 1957	3	0.02	13	0.04	13	0.07	30	0.09	50	0.26	260	0.80
„ 1958	3	0.02	6	0.02	14	0.07	18	0.05	49	0.25	298	0.88

Corrected for inward and outward transfers as from 1956.

The following figures for deaths from bronchitis and pneumonia show the contrast between Europeans and non-Europeans compared with the previous year:—

	1958		1957	
	European.	Non-European.	European.	Non-European.
Under 5 years of age	19	248	11	258
0-1 year	16)	183)	7)	178)
1-2 years	3)	42)	3)	56)
2-5 years	—)	23)	1)	24)
All other ages	44	68	47	71
Totals	63	316	58	329

The infant mortality rate per 1,000 live births from these causes for a series of past years are set out in Table K, on page 93.

The seasonal character of mortality from bronchitis and pneumonia will be found in Table C, on page 83.

WHOOPING COUGH.

For the period under review the number of cases was 222 (30 European and 192 non-European), equivalent to an incidence rate of 0.42 per 1,000 population (0.15 European and 0.57 non-European). Of these cases 7 non-Europeans died, giving a death rate of 0.02. In the previous year there were 352 cases and 18 deaths.

Spread of infection within the same household occurred in 28 instances, i.e. 19 houses had two cases each, 7 houses had three cases each, 2 houses had four and five cases each respectively. 32 of the cases were treated in the City Hospital.

The distribution of the 222 cases according to months, age-groups and wards of the city will be found in Tables N and P on pages 96 to 98.

There were 16 cases in the Langa African Township.

In addition, 50 cases from outside the city area were treated in the City Hospital, of whom 11 non-Europeans died.

In the year under review, 23,187 children received diphtheria/whooping cough immunization at the municipal child welfare centres, schools and other institutions.

Period.	Whooping cough.							
	Notifications.		Incidence rate per 1,000 population.		Deaths.		Death rate per 1,000 population.	
	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.
Average								
1916-20	—	—	—	—	11	37	0.13	0.48
1921-25	—	—	—	—	10	30	0.09	0.35
1926-30	—	—	—	—	10	33	0.08	0.31
1931-35	—	—	—	—	7	34	0.04	0.27
1936-40	—	—	—	—	4	74	0.02	0.51
1941-45	—	—	—	—	3	45	0.02	0.26
1945-50	—	—	—	—	2	42	0.01	0.20
1951-55	188	576	1.00	2.24	1	19	0.00	0.07
Year 1956	96	77	0.50	0.25	—	1	—	0.00
„ 1957	51	301	0.26	0.93	—	18	—	0.06
„ 1958	30	192	0.15	0.57	—	7	—	0.02

This table indicates that deaths from whooping cough despite a temporary setback, have sharply declined in recent years.

MEASLES.

There were 20 deaths (4 European and 16 non-European) from measles during the year, compared with 30 in the previous year. 14 of the deaths in the present period occurred in children under 2 years of age. Nine non-residents also died.

During the year 116 cases of measles were admitted to the City Hospital, of whom 52 were from outside the city area, 8 from a ship in harbour, and 2 from Langa African Township.

Six of these cases were nurses from a local childrens hospital who became ill within a cycle of two weeks. Deaths from measles have followed a similar trend to those from whooping cough.

Period.	Measles.			
	Deaths.		Rate per 1,000 population.	
	European.	Non-European.	European.	Non-European.
Average:				
1916-20	7	34	0.08	0.43
1921-25	5	33	0.05	0.38
1926-30	5	16	0.04	0.16
1931-35	3	32	0.02	0.24
1936-40	2	15	0.01	0.11
1941-45	3	24	0.02	0.14
1946-50	1	24	0.01	0.12
1951-55	—	14	0.00	0.05
Year 1956	—	4	—	0.01
„ 1957	—	30	—	0.09
„ 1958	4	16	0.02	0.05

MUSSEL POISONING OUTBREAK.

On the morning of Saturday, 3rd May, 1958, information was furnished to this Department by the Chief Regional Health Officer's office that a female, who had partaken of mussels at lunch on the previous day (2nd May, 1958) at a well-known local restaurant had now been admitted to Groote Schuur Hospital suffering from the effects of mussel poisoning.

Further enquiry revealed that in addition to this woman, who had been hospitalized and who died on the 7th May, her daughter, a trainee nurse at the hospital in question, together with another couple who partook of mussels at the same restaurant on the same date, were also affected.

The history furnished by one of the four persons involved (Mr. L.) revealed that approximately three hours after consumption, both he and his wife commenced complaining of a feeling of tingling in their fingers. In addition Mr. L's wife also complained of gastro-intestinal symptoms and a certain degree of generalized muscular weakness. He also made mention of a peculiar metallic taste in the mouth and parasthesia of the tongue, lips and cheeks. An old standing engagement on the evening in question could not be fulfilled owing to their general condition, and they realized that the occurrence of the symptoms in question must be related to the consumption of mussels at lunch. Their own doctor was contacted by telephone and following his advice they both took saline purges. They spent a restless and disturbed night and only began feeling reasonably fit by the afternoon of the following day.

As a result of the original report to this Department, a Health Inspector was immediately detailed to visit the restaurant in question and to impound all mussels found on the premises. The restaurant owner, who had already been informed of the poisoning, informed us that he had for some considerable time been in the habit of obtaining a weekly consignment of 500 mussels (black) from Paternoster, situated on the west coast north of Saldanha Bay. He furnished us with the name and address of his supplier, who, on being contacted, stated that a further 500 mussels from the same batch had been delivered to a cafe in the Cape Town docks which specializes in various forms of sea food. This consignment was also impounded.

Owing to the advent of the week-end it was impossible to do much more, except to warn by telephone other restaurateurs who specialize in shell fish dishes that should they be in possession of mussels or be expecting supplies of them, there was a distinct possibility of these being poisonous and, so, dangerous for human consumption. One other restaurant, in the Rondebosch area was, as a result, found to be in possession of mussels. These were also impounded.

On Monday, the 5th, the impounded mussels were collected by the Department, some despatched to the Union Health Department for assay and others to the Department of Pharmacology, where Professor Sapeika, who had had previous experience of mussel poisoning in the Blaauwberg outbreak of 1948, very kindly agreed to assist. Later, on the 6th, Professor Sapeika reported that a crude, watery extract made from several of the mussels submitted to him had, when injected into rats, resulted in the immediate death of one animal and the rapid onset of paralysis, with subsequent death, in another. It was very obvious following this form of experimentation that the toxicity of the mussels in question was extremely high.

Immediate press publicity was now given to the outbreak with a view to warning restaurateurs who might possibly not have been contacted by the Department, together with those located outside the municipal area, as well as members of the public who might have gathered mussels for home consumption.

The possibility of poisoning as the result of the consumption of either the white or black mussel is an entity that is well-known and has occurred in other parts of the world. The Californian coast is at times subject to such episodes and a special testing station for mussels is operated by the local health authorities. It is quite apparent that mussels can, for long periods

of time, be consumed with impunity, but that at certain times of the year, or, as has been suggested by the marine biologists, at times when a certain type of plankton makes its appearance, they produce poisoning in persons who consume them as the result of taking up this material.

The toxin is of an alkaloid nature, allied and similar in many respects to aconite and is neuro-toxic in its manifestations. Parasthesia of the tongue, lips and face, together with tingling of the toes or fingers, followed by muscular paralysis and gastro-intestinal symptoms, is the usual story supplied by persons developing this form of poisoning. The fatal case in the present outbreak presented all the above symptoms, including diaphragmatic paralysis which necessitated the use of a mechanical breathing machine (iron lung) and subsequent tracheotomy and positive pressure mechanical breathing.

As the toxicity of mussels is variable and cannot be predicted in so far as time or place is concerned, it is quite obvious that the consumption of this form of shell fish by human beings is fraught with danger and the ever-present possibility of serious and fatal poisoning developing. For this reason, and because of the fact that it is impossible to recognize a poisoned mussel from a normal one, it is strongly recommended that this shell fish be not used for human consumption.

COXSACKIE VIRUS OUTBREAK OF THE NEWBORN : MATERNITY HOSPITAL.

Following the two Coxsackie B(3) virus outbreaks of the newborn in a private maternity home in 1957, a further outbreak is recorded for the year under review.

The Health Department was contacted on Saturday, 22nd February, 1958, by the Matron of a Provincial Maternity Hospital with a report that three members of her nursing staff had all reported ill during the previous 24 hours, with the following symptoms:—

- (1) Nurse "T" made complaint of sore throat, pyrexia and a general feeling of lassitude. In addition she gave a story of cramp-like spasms of her lower chest and upper abdomen. Her history revealed that she had not been feeling very well or fit for several days prior to the onset of her acute symptoms, but had decided to carry on with her duties. She was subsequently warded in one of the local general teaching hospitals where a diagnosis of pericarditis was made.
- (2) Staff Nurse "D" resident in the institution. She also reported ill on the 21st February and indicated that for several days prior to this date she had been feeling off colour. She ran a pyrexia, had abdominal discomfort with numerous loose stools.
- (3) Staff Nurse "S" reported ill on the morning of the 22nd February, 1958, with a headache, pyrexia, sore throat and a gastro-intestinal upset. This quickly cleared, but then restarted. She gave a history of painful chest spasms of an intermittent nature. She returned to duty on the 9th April, 1958.

Stools and blood specimens were immediately obtained from all individuals involved, except Nurse "T".

Further questioning then revealed that on the 8th February, 1958, at 2 a.m. Mrs. "B" was admitted to this Provincial Maternity Hospital in labour and was delivered the same night at 11.30 p.m.

On 11th February, 1958, Mrs. "B" complained of a mild sore throat and of a general feeling of shivers, and was found to have developed a pyrexia. In addition she also commenced complaining of generalised chest pains.

On the 13th February Mrs. "B"'s infant, who had up until now been perfectly well, suddenly developed a raised and spiked temperature, although taking feeds reasonably well, and gaining weight. It was also noticed that Baby "B" had a tachycardia of up to 160 per minute. Mother and baby were immediately isolated. On the 19th February, 1958, as the pyrexia of both mother and baby was normal, they were discharged home.

Nurse "F", a temporary staff member, who was on night duty and was responsible for admitting Mrs. "B" had reported ill at the end of her duty period on the 9th February, and had been sent home by Matron. As Nurse "F" was due within a few days to relinquish her post at the hospital in question, very little notice was taken of the fact that she did not again return to duty.

When Baby "B", however, developed tachycardia, Nurse "F"'s illness was viewed in a different light. On being contacted, it was discovered that she also had suffered from a sore throat, associated with which was spasm and cramp-like pains in her upper abdomen. She further volunteered that several members of her family, including a younger sister, aged 2½ years, had had similar episodes just prior to her own.

With this information, the hospital was closed to all further admissions, and the existing in-patients gradually discharged home. It was subjected to heavy disinfection with formalin and re-opened one week later.

Viral studies revealed the following:

Type B.3 Coxsackie virus recovered from the stools of Mrs. "B" and Baby "B".

Coxsackie B.3 virus was recovered from the stools of Nurse "F", who admitted Mrs. "B" in labour and reported sick the next morning.

Staff Nurse "S" and Staff Nurse "D"'s stools also revealed the presence of type B.3 virus.

No stools were, unfortunately, obtained from Nurse "T" so that her illness, though clinically suggestive of Bornholme disease, could not be definitely linked with the other cases on virus studies of stool or blood.

DIARRHOEAL DISEASES.

The deaths registered in the year due to diarrhoea and enteritis (corrected) numbered 621 as compared with 578 in the previous year. The corresponding death rate for the city was 1.16 per 1,000 population (0.05 European and 1.81 non-European).

The deaths from diarrhoeal diseases during the year were classified as follows:—

Int. Code No.	Disease	European	Non-European	All races
571, 764	Gastro-enteritis and colitis, including diarrhoea of the newborn	9	612	621
572	Chronic enteritis and ulcerative colitis ..	2	27	29
043	Cholera	—	—	—
045	Dysentery, bacillary	—	1	1
046	Dysentery, amoebic	1	4	5
047-048	Dysentery, other forms	—	1	1
	Total ..	12	645	657
	Diarrhoeal death rate per 1,000 population	0.06	1.90	1.23

Of the 612 non-European deaths from diarrhoea and enteritis, 235 occurred in ward 8 (including 199 in the district of Windermere), 123 in Ward 10, 97 in Ward 15, and 157 in the rest of the city. 98.9 per cent of the deaths were under 5 years of age, i.e. 452 under one year, 120 between 1 and 2 years, and 33 between 2 and 5 years of age. Compared with the previous year the increased deaths occurred mainly in the district of Windermere and in Ward 10.

The non-European mortality rate from diarrhoea and enteritis has not shown much reduction over the past two decades; and in the year under review was 36 times greater than that for Europeans.

In the following table the mortality figures from this disease in infants under one year of age are classified for race and sex over a period of years. It will be seen that the mortality is greater among the males:—

Year.	Diarrhoea and Enteritis.					
	European.		Non-European.		All races.	
	Male.	Female.	Male.	Female.	Male.	Female.
1947-48	9	6	151	110	160	116
1948-49	8	5	171	134	179	139
1949-50	10	5	155	111	165	116
1950-51	9	5	197	184	206	189
1951-52	7	2	211	206	218	208
1952-53	4	3	236	204	240	207
1953-54	1	5	222	209	223	214
1954-55	4	2	255	226	259	228
1956	8	3	251	195	259	198
1957	4	1	211	204	215	205
1958	—	1	213	239	213	240

The seasonal character of diarrhoea and enteritis is shown in Table C, on page 83.

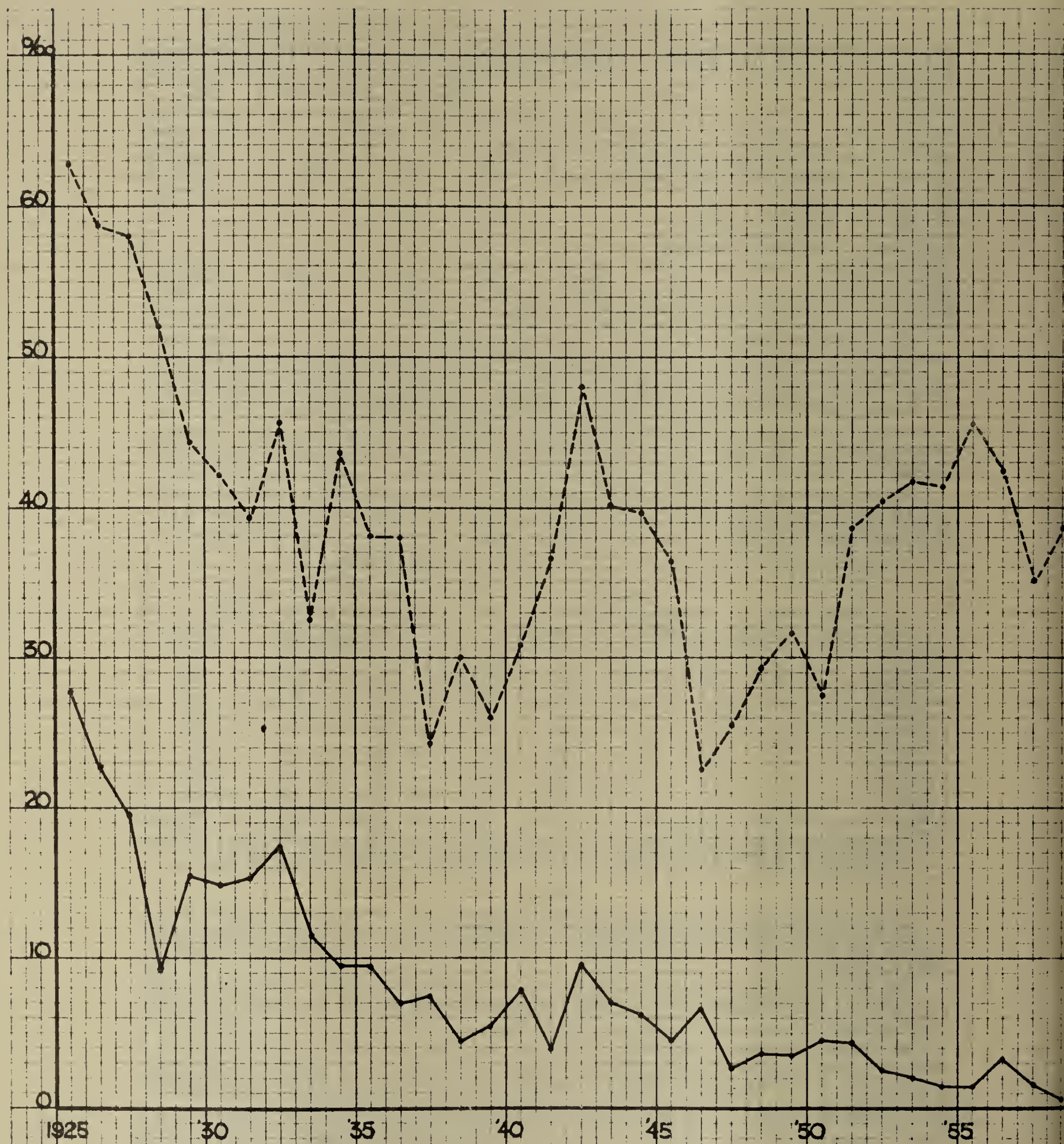
CANCER.

In accordance with the new International Classification List of Causes of Death, this disease now appears as malignant neoplasms, including neoplasms of lymphatic and haematopoietic tissues.

The number of deaths certified during the year as being due to cancer was 529 (315 European and 214 non-European) compared with 539 (338 European and 201 non-European) for the previous year.

The deaths from cancer registered during the year under review and the corresponding rates are classified in the following table according to the parts of the body affected. More than half the total of 529 deaths were caused from malignant neoplasms of the digestive and respiratory organs.

Int. Code No.	Parts affected.	European.		Non-European.		All races.	
140-148	Malignant neoplasm of buccal cavity and pharynx	12	0.06	5	0.01	17	0.03
150	Malignant neoplasm of oesophagus	8	0.04	13	0.04	21	0.04
151	Malignant neoplasm of stomach	43	0.22	40	0.12	83	0.16
152-153	Malignant neoplasm of intestine	25	0.13	13	0.04	38	0.07
154	Malignant neoplasm of rectum	5	0.03	5	0.01	10	0.02
155-156	Malignant neoplasm of liver	9	0.05	11	0.03	20	0.04
157	Malignant neoplasm of pancreas	9	0.05	4	0.01	13	0.02
162-163	Malignant neoplasm of trachea and bronchus of lung	58	0.30	22	0.06	80	0.15
170	Malignant neoplasm of breast	29	0.15	17	0.05	46	0.09
171-172	Malignant neoplasm of cervix uteri	8	0.04	29	0.09	37	0.07
175	Malignant neoplasm of ovary	11	0.06	3	0.01	14	0.03
177	Malignant neoplasm of prostate	13	0.07	2	0.01	15	0.03
181	Malignant neoplasm of bladder	8	0.04	3	0.01	11	0.02
	Malignant neoplasm of other and unspecified sites	49	0.25	30	0.09	79	0.15
200-205	Neoplasms of lymphatic and haematopoietic tissues	28	0.14	17	0.05	45	0.08
	Total	315	1.61	214	0.63	529	0.99



GASTRO ENTERITIS

INFANT DEATHS PER 1000 LIVE BIRTHS

EUROPEANS ——— NON-EUROPEANS - - - -

MEDICAL EXAMINATION CENTRE.

The medical examinations of applicants for employment in the municipal service are shown in the following table:—

	<i>Fit.</i>	<i>Temporarily Unfit.</i>	<i>Unfit.</i>
Engineer's Department	919	127	51
Electricity Department	584	83	36
Town Clerk's Department	242	20	9
Treasurer's Department	70	8	1
Health Department	58	8	3
Others	49	3	—
	<u>1,922</u>	<u>249</u>	<u>100</u>

SECTION VI.—TUBERCULOSIS.

(PREPARED BY DR. W. L. HOOLE, TUBERCULOSIS OFFICER).

The new cases of this disease reported in the year 1958, corrected for misdiagnosis and imported cases, numbered 1,677. They are classified in Table A, where the corresponding incidence rates are also shown:—

TABLE A.

Race.	Sex.	Notified cases.			Incidence rates.		
		Pul-monary.	Other forms.	All forms.	Pul-monary.	Other forms.	All forms.
European	Male	93	3	96	1.00	0.03	1.03
	Female	55	3	58	0.54	0.03	0.57
	Total	148	6	154	0.76	0.03	0.79
Coloured	Male	573	41	614	4.29	0.31	4.60
	Female	458	51	509	3.00	0.33	3.34
	Total	1,031	92	1,123	3.60	0.32	3.92
African (not Langa)	Male	223	10	233	7.85	0.35	8.20
	Female	146	7	153	8.85	0.42	9.28
	Total	369	17	386	8.22	0.38	8.60
Asiatic	Male	7	1	8	1.49	0.21	1.71
	Female	5	1	6	1.57	0.31	1.88
	Total	12	2	14	1.52	0.25	1.78
All Non-European ...	Male	803	52	855	4.82	0.31	5.13
	Female	609	59	668	3.54	0.34	3.88
	Total	1,412	111	1,523	4.17	0.32	4.49
All races	Male	896	55	951	3.45	0.21	3.66
	Female	664	62	726	2.42	0.23	2.64
	Total	1,560	117	1,677	2.92	0.22	3.14
African (Langa)	Male	210	13	223	10.32	0.64	10.95
	Female	45	6	51	12.30	1.64	13.93
	Total	255	19	274	10.62	0.79	11.41

The deaths from tuberculosis and the corresponding death rates are shown in Table B (corrected):—

TABLE B.

Race.	Sex.	Deaths.			Death rates.		
		Pul-monary.	Other forms.	All forms.	Pul-monary.	Other forms.	All forms.
European	Male	28	1	29	0.30	0.01	0.31
	Female	5	1	6	0.05	0.01	0.06
	Total	33	2	35	0.17	0.01	0.18
Coloured	Male	90	18	108	0.67	0.13	0.81
	Female	53	17	70	0.35	0.11	0.46
	Total	143	35	178	0.50	0.12	0.62
African (not Langa)	Male	29	4	33	1.02	0.14	1.16
	Female	18	4	22	1.09	0.24	1.33
	Total	47	8	55	1.05	0.18	1.23
Asiatic	Male	1	1	2	0.21	0.21	0.43
	Female	—	—	—	—	—	—
	Total	1	1	2	0.13	0.13	0.25
All Non-European	Male	120	23	143	0.72	0.14	0.86
	Female	71	21	92	0.41	0.12	0.53
	Total	191	44	235	0.56	0.13	0.69
All races	Male	148	24	172	0.57	0.09	0.66
	Female	76	22	98	0.28	0.08	0.36
	Total	224	46	270	0.42	0.09	0.51
African (Langa)	Male	18	1	19	0.88	0.05	0.93
	Female	4	2	6	1.09	0.55	1.64
	Total	22	3	25	0.92	0.12	1.04

NOTIFICATIONS.

There was a reduction in the number of persons notified in 1958 as suffering from tuberculosis in all forms of 362 compared with the previous year.

Whilst the total number of discovered cases fell from 2,313 to 1,951, there was an increase in the number of Africans notified from the Langa Location, which, for reasons explained in the introduction, is treated separately from the remainder of the City. This increase must be regarded as at least partially due to the intensified search for new cases by the re-establishment of a tuberculosis clinic at the Langa Hospital in June, 1957. The only other race-sex group which provided a small excess was that of African females living outside Langa.

Amongst Europeans, males formerly provided more than twice as many cases as females; in the year under report they show a 24 per cent reduction, bringing the total below 100 for the first time.

In an estimated population of 338,910 non-Europeans, the Coloured people in less propitious circumstances have shared almost equally in this general improvement; again in this group males have always shown a greater propensity to tuberculosis and the reduction in the number of new cases found in the past two years is approximately similar in both sexes, 19 per cent in males and 22 per cent in females. Reference to Table D shows that only the increase in population is responsible for the reduction of the incidence in Coloured females since 1949, which in new cases provided the same number as 1958.

Records indicate that the incidence of pulmonary tuberculosis amongst Africans is higher in residents at Langa in supposedly better living conditions, compared with those living elsewhere in the City. In every 10,000, the proportion of newly discovered cases was 106 in Langa, and 82 outside it in 1958. The African population has remained almost static and both the new cases and the incidence rates have increased in Langa and decreased outside, so that the total number of Africans discovered to be suffering from tuberculosis within the Municipal area has fallen from 636 to 624.

These figures are based on Table A and therefore do not take into account the many imported cases. Experience at the clinics indicates that this number is increasing. Some of these are later revealed as already known cases in their home areas. Control of these migratory cases becomes essential. Some secure work whilst ill and infectious, and are even issued with permits to seek work. Inevitably they are destitute or rapidly become so and nearly every imported case needs to be admitted to hospital, thus depriving local cases of accommodation.

As previously urged, it behoves an alert authority to discover these cases on entry, thus meeting its statutory obligation to prevent infection, and avoiding the imposition of permanently paying for any case undiscovered within six months of arrival.

Mass-Radiography fully and promptly solves this problem. Until a second unit can be established in the large planned Bantu area at a serviceable point, say at the station, the immigrant work-seekers etc. will have to be transferred to the present Mass X-Ray depot at Chapel Street. Work amongst the African group is becoming the most important part of anti-tuberculosis effort in Cape Town.

Already the recently augmented services in the Bantu areas has shown that more notified cases are dealt with at Langa than at any other non-European branch clinic : of 744 persons attending the Langa clinic for the first time, 287 were suffering from notifiable tuberculosis, at the Wynberg clinic 267 of the 1,802 non-European first attenders were found to be actively tuberculous. A varying standard of assessment and a greater search amongst women and children at a separate session at the clinic established at the Langa Hospital in 1957 are partially responsible for the upsurge of new cases in Bantu females — the current incidence of 1,230 per 100,000 is 23 times higher than the incidence in European females.

Both the need and the reward are greater amongst the Bantu. It has to be recorded that the figures are not strictly comparable in that the assessments, and therefore the notifications, are not in the hands of the same clinicians: those at Langa may be unduly eager in their notification of possible childhood tuberculosis. Attention has been drawn to the increasing proportion of children in the total number of persons notified each year to be suffering from tuberculosis in its pulmonary form: it has been claimed that this change in the constitution of the tuberculous population is partially artificial owing to the more ready attendance of children at the clinics and is also favourable to the public health in that the annual crop of new cases contains a smaller proportion of adult tuberculosis — the type responsible for the spread of the disease.

Table C shows that the proportion of children under 10 years of age in the total non-Europeans found to be suffering from pulmonary tuberculosis during the year had not materially changed from the previous year (33 per cent from 34 per cent).

The reduction in the general incidence of pulmonary tuberculosis was due to improvement in non-European adults; the number of new notifications over the age of 15 fell in one year by 49 in men and by 97 in women. Under the age of 15 the number of new cases fell by 121 in boys and 22 in girls for some inexplicable reason. It however accounts for the greater fall in the discovery-rates of pulmonary forms amongst non-European males (1.33) compared to females (0.89) published in Table D. Despite this general fall, there was a curious reversal in males aged 25 — 35 years; this group provided 32 more cases than in 1957, and 23.8 per cent of the total cases, compared with 16.3 per cent of the 1957 total. This supports the claim that the stresses due to the rising cost of living fall most severely on the young marrieds; this is a disturbing feature and may be a pointer to a wider deterioration in the future. The impact of tuberculosis on this age-group is also shown in women, but less severely, being the only group — women aged 25 — 35 years — in which the fall was negligible.

The figures in regard to the incidence of non-pulmonary forms of tuberculosis are unreliable owing to the failure of the general hospitals to pay due regard to the legal obligation to notify such cases, but this neglect is constant in degree and it can be assumed that the accompanying reduction in tuberculosis in forms other than pulmonary is in fact real. From the figures available this reduction has been much greater in degree than in tuberculosis of the lungs; in all non-Europeans the incidence of pulmonary tuberculosis per 100,000 fell from 527 to 417 (23 per cent); of non-pulmonary tuberculosis the incidence fell from 50 to 32 (36 per cent). The notifications of tuberculous meningitis are approximately accurate as it is obviously a calamitous disease demanding immediate admission to hospital. It is therefore gratifying to report that 15 fewer cases have been notified during the year, bringing the total to 49 from 64.

We do not know to what degree, if any, the concentration on the discovery and treatment of primary tuberculosis is responsible for the reduction in non-pulmonary forms of the disease to the all time low of 117 notifications.

Reference to Table H establishes a standard for the near future. In the all-important non-European group, the death rate for all forms of tuberculosis in the quinquennium ending 1956, fell from 451 to 170 per 100,000. If we are to maintain this rate of reduction (62 per cent), the death-rate for the next quinquennium must be 65 per 100,000 and it is encouraging to find that it has reached 69 in the second year of this 5 year period. It is however difficult to improve on an improvement based on the application of therapy limited to 3 standard drugs.

TABLE C.

NOTIFICATIONS OF PULMONARY TUBERCULOSIS IN NON-EUROPEANS, MALES AND FEMALES, ACCORDING TO AGE GROUP.

1953-54.						1958.							
Age group.			Non-European.				Age group.			Non-European.			
			Male.		Female.					Male.		Female.	
			No.	%	No.	%				No.	%	No.	%
0-1	year	..	39	4.6	38	5.5	0-1	year	..	32	4.0	34	5.6
1-2	years	..	49	5.8	51	7.4	1-2	years	..	56	7.0	56	9.2
2-5	"	..	63	7.4	80	11.6	2-5	"	..	71	8.8	94	15.4
5-10	"	..	45	5.3	58	8.4	5-10	"	..	50	6.2	59	9.7
10-15	"	..	21	2.5	23	3.3	10-15	"	..	18	2.2	28	4.6
15-25	"	..	146	17.2	200	29.0	15-25	"	..	104	13.0	126	20.7
25-35	"	..	170	20.0	139	20.0	25-35	"	..	191	23.8	121	19.9
35-45	"	..	153	18.0	52	7.6	35-45	"	..	130	16.2	43	7.1
45-55	"	..	95	11.2	31	4.5	45-55	"	..	84	10.5	24	3.9
55-65	"	..	42	5.0	10	1.5	55-65	"	..	45	5.6	15	2.5
65-75	"	..	19	2.2	4	0.6	65-75	"	..	16	2.0	7	1.1
75-85	"	..	5	0.6	3	0.4	75-85	"	..	5	0.6	2	0.3
Total	..		848	100	689	100	Total	..		803	100	609	100

TABLE D.

			New cases.				Discovery rates per 1,000 population.				
			Pulmonary		Other forms.		Pulmonary.		Other forms.		
			M.	F.	M.	F.	M.	F.	M.	F.	
European:											
Year	1947-48	..	127	125	10	17	1.46	1.30	0.12	0.18	
	1948-49	..	142	97	21	12	1.62	1.01	0.24	0.12	
	1949-50	..	154	123	14	13	1.75	1.27	0.16	0.13	
	1950-51	..	129	94	16	5	1.46	0.96	0.18	0.05	
	1951-52	..	132	101	4	5	1.48	1.03	0.04	0.05	
	1952-53	..	139	108	11	9	1.55	1.09	0.12	0.09	
	1953-54	..	142	97	10	9	1.57	0.97	0.11	0.09	
	1954-55	..	126	72	15	8	1.39	0.72	0.16	0.08	
	1956 ..	..	111	61	6	6	1.21	0.60	0.07	0.06	
	1957 ..	..	123	61	7	5	1.33	0.60	0.08	0.05	
	1958		93	55	3	3	1.00	0.54	0.03	0.03	
Non-European:											
Year	1947-48	..	814	675	148	118	8.00	6.35	1.45	1.11	
	1948-49	..	892	608	140	116	8.37	5.47	1.31	1.04	
	1949-50	..	816	629	140	113	7.31	5.40	1.25	0.97	
	1950-51	..	826	675	137	146	7.06	5.54	1.17	1.20	
	1951-52	..	886	654	145	132	7.22	5.12	1.18	1.03	
	1952-53	..	923	761	131	134	7.18	5.69	1.02	1.00	
	1953-54	..	848	689	140	130	6.29	4.92	1.04	0.93	
	1954-55	..	857	743	112	116	6.07	5.07	0.79	0.79	
	1956 ..	..	898	717	99	95	5.92	4.57	0.65	0.60	
	1957 ..	..	978	728	82	81	6.15	4.43	0.52	0.49	
	1958		803	609	52	59	4.82	3.54	0.31	0.34	

TABLE E.

	Notifications.				Total.
	European.		Non-European.		
	Male.	Female.	Male.	Female.	
Meninges	—	1	25	23	49
Abdominal*	—	—	—	2	2
Bones and joints	1	—	6	5	12
Glands	1	1	8	14	24
Genito-urinary system	—	1	1	1	3
Disseminated	1	—	10	13	24
Other organs	—	—	2	1	3
Total	3	3	52	59	117

*Includes tabes mesenterica and tuberculosis of bowels, peritoneum and abdominal or mesenteric glands.

29 of above cases were in contact with another case of tuberculosis in family.

DEATHS.

Amongst Europeans 10 more males died of tuberculosis than in the previous year, whilst females died in annually decreasing numbers. Pulmonary tuberculosis was responsible for 5 deaths per 100,000 European females and for 30 deaths per 100,000 European males. The death-rate of tuberculosis in all its forms in Europeans was raised from 15 to 18 per 100,000. Tuberculosis no longer kills the youthful, it overwhelms the very young, kills the neglected and the neglectful and finally exhausts the chronically sick in their seventh and eighth decades.

Amongst the Coloured people, the death-rate for tuberculosis fell from 84 to 62 per 100,000. The rate fell in regard to both pulmonary and non-pulmonary forms and in both sexes, particularly in males, where the rate for pulmonary tuberculosis fell to 67 per 100,000.

It must be noted that the number of deaths from tuberculosis in non-Europeans are not corrected for exported cases. There are a considerable number of African workers who develop their disease here or are defined as Cape Town cases on the discovery of their disease at any time beyond the first six months of arrival. Some of these elect to return to their homes in the Territories and others are encouraged by official policy to do so. There is no doubt that many go in fatalistic mood and without full awareness of their plight. When they die their deaths are not debited to Cape Town. Hence the male group with the highest mortality, the Africans living in the city, outside the Langa Township, die in fact in even greater numbers than the published figure of 102 per 100,000 indicates.

The death rates per 1,000 population from pulmonary and non-pulmonary tuberculosis (corrected) are shown below for each racial group during the past 5 years:—

TABLE F.

Race.	Pulmonary tuberculosis.					Tuberculosis, other forms.				
	1958	1957	1956	1954—55	1953—54	1958	1957	1956	1954—55	1953—54
European	0.17	0.13	0.11	0.14	0.20	0.01	0.02	0.03	0.03	0.04
Coloured	0.50	0.64	0.58	0.87	1.35	0.12	0.20	0.15	0.28	0.42
African	1.05	0.95	0.66	1.25	1.72	0.18	0.21	0.35	0.53	0.33
Asiatic	0.13	0.13	0.13	0.41	0.14	0.13	—	0.13	—	0.14
Non-European	0.56	0.66	0.58	0.90	1.37	0.13	0.20	0.18	0.31	0.40
All races	0.42	0.46	0.40	0.60	0.89	0.09	0.13	0.12	0.19	0.26

The deaths from non-pulmonary tuberculosis registered during the year are classified below according to the certifications:—

TABLE G.

	Deaths.				Total.
	European.		Non-European.		
	Male.	Female.	Male.	Female.	
Tuberculosis, meningeal	1	1	20	14	36
„ abdominal	—	—	1	—	1
„ of bones and joints	—	—	—	—	—
„ of genito-urinary system ..	—	—	—	—	—
„ disseminated	—	—	2	7	9
„ of other organs	—	—	—	—	—
Total	1	1	23	21	46

The death rates per 1,000 of the population from all forms of tuberculosis (corrected) are shown in the following table for the past 42 years:—

TABLE H.

							Death rate per 1,000 population.		
							European.	Non-European.	All races.
2·8 years ended 30th June, 1916	..	..	..	..	..	..	1·04	4·69	2·82
5 " " " " 1921	..	..	..	..	..	..	0·88	4·47	2·53
5 " " " " 1926	..	..	..	..	..	..	0·79	4·09	2·28
5 " " " " 1931	..	..	..	..	..	..	0·74	4·75	2·62
5 " " " " 1936	..	..	..	..	..	..	0·84	4·99	2·82
5 " " " " 1941	..	..	..	..	..	..	0·76	4·55	2·62
5 " " " " 1946	..	..	..	..	..	..	0·72	6·06	3·45
5 " " " " 1951	..	..	..	..	..	..	0·57	4·51	2·71
5 " " " 31st Dec. 1956	..	..	..	..	..	..	0·20	1·70	1·09
1 " " " " 1943	..	..	..	..	..	..	0·68	6·09	3·40
1 " " " " 1944	..	..	..	..	..	..	0·73	6·90	3·91
1 " " " " 1945	..	..	..	..	..	..	0·73	5·90	3·40
1 " " " " 1946	..	..	..	..	..	..	0·74	5·98	3·45
1 " " " " 1947	..	..	..	..	..	..	0·71	5·17	3·04
1 " " " " 1948	..	..	..	..	..	..	0·66	5·44	3·21
1 " " " " 1949	..	..	..	..	..	..	0·45	4·69	2·75
1 " " " " 1950	..	..	..	..	..	..	0·57	3·96	2·44
1 " " " " 1951	..	..	..	..	..	..	0·46	3·47	2·16
1 " " " " 1952	..	..	..	..	..	..	0·26	2·97	1·81
1 " " " " 1953	..	..	..	..	..	..	0·21	2·07	1·29
1 " " " " 1954	..	..	..	..	..	..	0·24	1·77	1·15
1 " " " " 1955	..	..	..	..	..	..	0·17	1·21	0·80
Calendar year 1956	..	..	..	..	..	..	0·13	0·76	0·52
" " 1957	..	..	..	..	..	..	0·15	0·87	0·60
" " 1958	..	..	..	..	..	..	0·18	0·69	0·51

ANTI-TUBERCULOSIS CENTRES.

TABLE I.

	New Consultations.						
	1958	1957	1956	1954-55	1953-54	1952-53	1951-52
Cape Town:							
Eur.	1,415	1,643	1,774	2,108	2,247	2,476	2,130
Non-Eur.	3,548	3,991	4,475	5,162	5,258	5,221	4,514
Total	4,963	5,634	6,249	7,270	7,505	7,697	6,644
Wynberg:							
Eur.	688	710	737	677	950	1,034	753
Non-Eur.	1,798	1,868	1,830	1,801	1,769	1,777	1,755
Total	2,486	2,578	2,567	2,478	2,719	2,811	2,508
Windermere:							
Eur.	—	—	—	—	—	—	1
Non-Eur.	1,183	1,018	902	680	760	676	608
Total	1,183	1,018	902	680	760	676	609
Athlone:							
Eur.	—	1	5	—			
Non-Eur.	2,118	2,067	1,568	592			
Total	2,118	2,068	1,573	592			
Langa:							
African	682	383					
Total:							
Eur.	2,103	2,354	2,516	2,785	3,197	3,510	2,884
Non-Eur.	9,329	9,327	8,775	8,235	7,787	7,674	6,877
Total	11,432	11,681	11,291	11,020	10,984	11,184	9,761
	Total Attendances.						
	1958	1957	1956	1954-55	1953-54	1952-53	1951-52
Cape Town:							
Eur.	4,849	5,513	5,913	6,155	6,230	5,937	5,325
Non-Eur.	17,199	18,213	19,464	21,618	19,405	17,854	15,452
Total	22,048	23,726	25,377	27,773	25,635	23,791	20,777
Wynberg:							
Eur.	2,289	2,186	2,032	2,093	2,476	2,472	1,879
Non-Eur.	7,848	7,972	8,448	7,542	7,043	6,788	5,858
Total	10,137	10,158	10,480	9,635	9,519	9,260	7,737
Windermere:							
Eur.	—	—	—	—	—	—	1
Non-Eur.	7,574	6,544	5,898	4,381	3,856	3,033	2,693
Total	7,574	6,544	5,898	4,381	3,856	3,033	2,694
Athlone:							
Eur.	2	3	5	—			
Non-Eur.	9,593	8,761	5,788	1,747			
Total	9,595	8,764	5,793	1,747			
Langa:							
African	3,023	1,134					
Total:							
Eur.	7,140	7,702	7,950	8,248	8,706	8,409	7,205
Non-Eur.	45,237	42,624	39,598	35,288	30,304	27,675	24,003
Total	52,377	50,326	47,548	43,536	39,010	36,084	31,208

The number of sessions held at these centres was as follows:—

Chapel Street	509
Wynberg	207
Windermere	147
Athlone	239
Langa	59
	<hr/>
	1,161

The primary consultations at the clinics during the year are classified in the following table:—

TABLE J.

Persons attending for first time.	European.					Non-European.					All races.
	Adults.		Children.		Total.	Adults.		Children.		Total.	
	M.	F.	M.	F.		M.	F.	M.	F.		
Notified:											
Accepted	20	18	3	2	43	153	87	49	52	341	384
Observation	2	2	—	—	4	3	2	3	3	11	15
Not accepted	2	—	1	—	3	13	5	9	3	30	33
	24	20	4	2	50	169	94	61	58	382	432
Suspects:											
Notified	50	23	4	6	83	573	238	125	174	1,110	1,193
Observation	7	8	1	2	18	87	67	30	43	227	245
Non-tuberculous	462	528	177	188	1,355	1,302	1,552	516	564	3,934	5,289
	519	559	182	196	1,456	1,962	1,857	671	781	5,271	6,727
Contacts:											
Notified	3	3	2	4	12	22	25	83	85	215	227
Observation	—	2	2	—	4	12	22	39	35	108	112
Non-tuberculous	131	178	153	119	581	367	958	979	1,049	3,353	3,934
	134	183	157	123	597	401	1,005	1,101	1,169	3,676	4,273
Total	677	762	343	321	2,103	2,532	2,956	1,833	2,008	9,329	11,432

AMBULATORY TREATMENT.

Centre.	Injections.				Total.
	European.		Non-European.		
	Males.	Females.	Males.	Females.	
Chapel Street	1,622	452	9,546	3,735	15,355
Wynberg	1,034	355	3,317	584	5,290
Windermere	—	—	5,612	4,637	10,249
Athlone	—	—	4,039	1,543	5,582
Langa	—	—	8,365	1,564	9,929
Total	2,656	807	30,879	12,063	46,405

SCREENINGS.

Centre.	Europeans.		Non-Europeans.		Total.
	Males.	Females.	Males.	Females.	
Chapel Street	1,076	1,132	3,156	3,158	8,522
Wynberg	566	689	1,492	1,856	4,603
Windermere	—	—	—	—	—
Athlone	1	—	1,549	2,275	3,825
Langa	—	—	817	412	1,229
Total	1,643	1,821	7,014	7,701	18,179

P.A.S. AND/OR I.N.H. TREATMENT.

Centre.	New cases.				Total.
	European.		Non-European.		
	Males.	Females.	Males.	Females.	
Chapel Street	33	32	445	247	757
Wynberg	15	16	139	122	292
Windermere	—	—	79	116	195
Athlone	—	—	121	102	223
Langa	—	—	90	30	120
Total	48	48	874	617	1,587

No. of domiciliary injections given: 18,219.

During the year the visits made by the health visitors were 2,879 (primary) and 38,555 (total) as compared with 2,939 and 32,085 in the previous year.

SOURCES OF NOTIFICATION.

The sources of notifications received during the year under report (including imported infections, i.e. those now resident in the Cape Town municipal area and known to have contracted the disease before arrival) were as follows:—

TABLE K.

	Cape Town.	Imported infection.	Langa.	Outside Cape Town cases.	Total.
Private practitioners	482	46	92	1	621
Consultants	1	—	—	1	2
	483	46	92	2	623
Groote Schuur Hospital	206	15	20	32	273
Cape Town Free Dispensary	41	7	2	1	51
Wynberg (Victoria) Hospital	29	2	—	3	34
Woodstock Hospital	21	1	—	—	22
Valkenberg Hospital	20	—	—	4	24
Somerset Hospital	43	2	5	3	53
Red Cross Hospital	86	8	5	24	123
Other Hospitals and Institutions	35	3	—	6	44
Railway Sick Fund	9	—	—	—	9
	490	38	32	73	633
City Health Department:					
Anti-Tuberculosis centre	323	33	72	—	428
City Hospital	32	1	2	17	52
Brooklyn Hospital	2	1	—	2	5
Langa Native Hospital	1	—	59	2	62
Mass X-ray service	227	11	47	—	285
Maternal and child welfare centres	62	5	2	—	69
	647	51	182	21	901
Port Health Officer	1	—	—	3	4
Immigration Officer	—	—	—	—	—
Magistrate, Police and District Surgeons	9	1	1	—	11
From public mortuaries	14	—	—	2	16
Transferred from other Local Authorities:					
Cape Divisional Council	27	40	3	108	178
Others	4	30	8	18	60
South African Medical Corps	2	1	—	3	6
Total	1,677	207	318*	230	2,432

*Including 44 imported cases of pulmonary tuberculosis.

This table shows that the clinics dealt with 481 persons who, on arrival in Cape Town, already had an established tuberculous infection. The corresponding figure last year was 463, and this increase of 18 cases is accompanied by a decrease of 362 in our own notifications. Whilst the search for cases has to be maintained to secure this smaller yield, it may indicate a trend that, as tuberculosis at home becomes less, more outside cases will seek the aid of the services provided by the Municipality.

In regard to the reduction of notifications, those from general practitioners decreased by 117, from general hospitals by 94, and from the City Health Department by 154, of which the Mass X-Ray Service were responsible for 99. The even reduction of notifications from the main sources of discovery suggest that the falling off is due to a basic general reduction of tuberculosis in Cape Town rather than any slackening in the efforts to find it by any one agency.

The following table gives an arbitrary analysis of all primary notifications, showing the degree and reasons for failure to attend the clinics.

TABLE L.

	Cape Town.	Imported infection.	Langa.	Outside Cape Town.	Total.
Attended clinic	1,428	179	268	10	1,885
Failed to attend	249	28	50	220	547
	1,677	207	318	230	2,432
Failure to attend clinic:					
In hospital	147	14	23	220	404
Hospital out-patients	5	3	—	—	8
Too ill	6	—	2	—	8
Died before notification	17	1	1	—	19
First advice through death registration	24	1	6	—	31
Under private care	8	—	—	—	8
Refusals	12	4	3	—	19
Untraceable	12	1	7	—	20
Decamped on notification	18	4	8	—	30
Total	2,432	207	318	230	2,432

The percentage of notified Cape Town cases who failed to attend a clinic for examination and advice was 15 per cent, compared with 18 per cent last year.

The resisters and evaders numbered 69 compared with 100 last year; we ought to be able to still reduce this number by goodwill and good work.

TABLE M.

Period.	Total Cape Town cases notified.	Bedfast on notifica- tion.	Percentage of total cases notified.	Dead on notifica- tion.	Percentage of total cases notified.
1945-46	2,195	168	7.7	298	13.6
1946-47	2,023	214	10.6	236	11.7
1947-48	2,034	224	11.0	182	9.0
1948-49	2,028	193	9.5	191	9.4
1949-50	2,002	122	6.1	159	7.9
1950-51	2,028	91	4.5	182	9.0
1951-52	2,059	83	4.0	119	5.8
1952-53	2,216	88	3.9	99	4.5
1953-54	2,065	88	4.3	82	4.0
1954-55	2,049	54	2.6	78	3.8
1956	1,993	34	1.7	51	2.6
1957	2,065	22	1.1	47	2.3
1958	1,677	6	0.4	41	2.4

HOSPITALIZATION.

The proportion of new cases of pulmonary tuberculosis admitted to institutions has increased from 27.3 to 32 per cent of the total notified cases.

TABLE N.

	Cape Town.		Langa.		Outside Cape Town cases.
	Local.	Imported infection.	Local.	Imported infection.	
New pulmonary cases notified during the year	1,560	193	255	44	165
Known to have had T.B. positive sputum	312	46	46	12	16
New pulmonary cases admitted to institutions for treatment of tuberculosis	505	52	53	9	155
Proportion of new cases admitted	31.8%		20.8%		
Died before receipt of notification ..	47	3	3	2	8
Died within 1 month of notification ..	32	4	4	1	12
Died within 1 to 3 months of notification	9	—	—	—	1
Died within 3 to 6 months of notification	3	1	—	—	3

Outside Cape Town cases — cases admitted to the City Hospital or other hospitals from outside the municipal area.

The total number of Cape Town cases of pulmonary tuberculosis admitted to institutions during the year was 1,103 compared to 1,252 last year.

TABLE O.

	European.		Non-European.		Total.
	Males.	Females.	Males.	Females.	
City Hospital, Cape Town	49	23	18	192	282
Brooklyn Chest Hospital	—	—	260	41	301
Brewelskloof Sanatorium, Worcester	2	1	—	—	3
D.P. Marais Settlement, Retreat	—	—	121	—	121
Dr. Stals Sanatorium, Retreat	—	—	29	233	262
Dunstan Santa Settlement, Hibberdene	—	—	1	—	1
Eureka T.B. Settlement, Lyndoch	—	—	1	—	1
Fosa Settlement, Cape Town	—	—	35	6	41
Glen Grey Mission Hospital, Queens- town	—	—	1	—	1
Infectious Diseases Hospital, East London	—	—	1	—	1
King Edward VIII, Durban	—	—	1	—	1
King George V, Durban	3	—	1	—	4
Lillieshall Farm Hostel, Rosetta	2	—	—	—	2
Mc. Vicar Hospital, Alice	—	—	5	—	5
Mat. de Jager T.B. Settlement, Beaufort West	—	—	—	1	1
Mjanyana Hospital, via Idutywa	—	—	9	—	9
Nama Hospital, Springbok	—	—	—	1	1
Nelspoort Sanatorium, Restvale	—	—	—	1	1
Rietfontein T.B. Hospital	1	—	—	—	1
Tembuland Hospital, Umtata	—	—	5	—	5
West End Hospital, Kimberley	—	—	1	—	1
Westlake Hospital, Retreat	42	12	2	2	58
	99	36	491	471	1,103

TUBERCULOSIS REGISTER.

The total number of persons known by the Department to be suffering from tuberculosis and to be living in the Cape Town municipal area on 31st December, 1958, is given below.

TABLE P.

DISTRICT (not Wards).	Pulmonary.			Non-pulmonary (chiefly bones and joints).			Total.
	Eur.	Col.	Nat.	Eur.	Col.	Nat.	
Bakoven to Sea Point to Central Cape Town	135	199	22	5	14	1	376
Tamboers Kloof, Gardens, Oranjezicht and Vredehoek	194	392	35	8	38	1	668
Old "District Six"	3	679	30	—	36	—	748
Maitland Garden Village, Kensington, Win- dermere, Brooklyn and Rugby	102	882	598	8	38	9	1,637
Woodstock, Salt River	165	535	23	1	19	1	744
Observatory, Mowbray, Rosebank, Black River, Hazendal and Bokmakirie	163	273	6	7	37	—	486
Rondebosch, Newlands, Claremont, Kenil- worth, Wynberg and Wittebome	264	664	49	12	4	16	1,009
Meadows Est., Hampton Est. Lansdowne, Kromboom Est.	179	519	57	3	23	4	785
Plumstead to Clovelly	—	—	—	—	—	—	—
Athlone to Surrey Est.	4	802	113	—	30	4	953
Langa Township	—	541	—	—	—	19	560
Total	1,209	5,486	933	44	239	55	7,966

CARE COMMITTEE FOR TUBERCULOSIS PATIENTS.

The voluntary Care Committee works in close co-operation with the City Health Department. Office and storage accommodation is provided at the municipal anti-tuberculosis centre, and the salary and motor car allowance for the almoner engaged in this work is defrayed by the Local Authority.

The work done during the year is as follows:—

Families helped by payment of rent	113
" " " maintenance grants	173
" " " rent and maintenance grants	95
" " " payment of foster-mothers	8
" " " provision of clothing and blankets	63
No. of articles of clothing distributed	148
No. of blankets distributed	29
Almoner:	
Visits paid	921
Interviews given	1,400
New cases	237

Creche. Seventy-two children attend the creche daily. These little ones are the children of tuberculous patients, but who themselves show no signs as yet of the disease. The Committee's object is to keep the children in healthy surroundings while the parents are hospitalized or obliged to augment the family income.

Funds are derived from donations from the public in the expectation that they will be applied to aid the effort to reduce or even eradicate tuberculosis. If a parent is content to remain in a crowded house in an infectious state to spread tuberculosis to his children and others, he should not be encouraged to continue this folly by the support of public or charitable funds. The Committee have no hesitation in following the standard practice of insisting that any help should be conditional to the acceptance of approved treatment; as a corollary, it is realised that all agencies or organizations engaged in similar projects on public money should not approve any form of medical benefits without medical recommendation based on the fulfilment of all requirements.

MASS RADIOGRAPHY SERVICE.

The mass X-ray service at the tuberculosis clinic, Chapel Street, Cape Town, was made available to the public on 13th April, 1948. The comparative figures of the miniature film examinations made from that date to the end of the year under report are shown in the following table, classified according to race and sex:—

TABLE Q.

Period.	European.		Non-European.		Total.
	Males.	Females.	Males.	Females.	
13th April, 1948 to 30th June, 1948	1,081	712	1,557	1,011	4,361
Year 1948-49	6,420	4,129	7,353	2,500	20,402
" 1949-50	10,066	7,999	12,869	4,449	35,383
" 1950-51	12,560	8,784	14,863	6,799	43,006
" 1951-52	12,046	9,181	16,435	7,981	45,643
" 1952-53	16,018	12,902	18,343	15,001	62,264
" 1953-54	14,394	12,352	19,025	16,326	62,097
" 1954-55	14,668	10,643	19,839	15,877	61,027
" 1956	13,945	10,558	21,664	17,464	63,631
" 1957	13,998	9,837	22,329	20,075	66,239
" 1958	12,681	10,071	23,749	18,949	65,450

In addition to the 65,450 miniature film examinations made during the year, 2,670 large films were taken, as compared with 2,983 in the previous year. The accommodation at the mass X-ray service is proving inadequate to cope with these large attendances.

1,860 persons were recalled for further examination. Of these, 463 were found to be suffering from active tuberculosis compared with 573 in the previous year. This represents 0.7 per cent of the 65,450 miniature films examined during the year under review.

Comparative figures for the incidence of active pulmonary tuberculosis discovered in the various age groups are given in the following table for a series of years:—

TABLE R.

Year.	Race.	Active tuberculosis discovered.										Extra municipal cases (included in foregoing columns)	
		Age-groups.								Total.			
		15-25 years.		25-35 years.		35-45 years.		45 years and over.					
		M.	F.	M.	F.	M.	F.	M.	F.			M.	F.
1950-51	European ..	7	21	10	3	10	3	13	—	40	27	14	14
	Non-European ..	44	51	106	30	53	3	33	—	236	84	71	22
	All races ..	51	72	116	33	63	6	46	—	276	111	85	36
1951-52	European ..	15	35	15	18	10	4	14	1	54	58	12	17
	Non-European ..	102	78	141	40	84	12	57	6	384	136	72	23
	All races ..	117	113	156	58	94	16	71	7	438	194	84	40
1952-53	European ..	14	28	20	26	12	5	14	—	60	59	16	15
	Non-European ..	79	158	123	66	84	18	56	3	342	245	87	52
	All races ..	93	186	143	92	96	23	70	3	402	304	103	67
1953-54	European ..	13	17	13	12	15	6	17	—	58	35	15	5
	Non-European ..	94	125	83	64	74	17	19	3	270	209	75	33
	All races ..	107	142	96	76	89	23	36	3	328	244	90	38
1954-55	European ..	13	14	22	15	14	2	14	2	63	33	15	9
	Non-European ..	79	82	110	69	53	15	34	6	276	172	85	23
	All races ..	92	96	132	84	67	17	48	8	339	205	100	32
1956	European ..	2	5	17	10	8	3	8	2	35	20	9	3
	Non-European ..	52	49	89	54	54	12	40	7	235	122	45	12
	All races ..	54	54	106	64	62	15	48	9	270	142	54	15
1957	European ..	11	4	12	10	7	2	10	1	40	17	13	4
	Non-European ..	103	93	113	62	79	15	43	8	338	178	75	38
	All races ..	114	97	125	72	86	17	53	9	378	195	88	42
1958	European ..	8	8	8	3	6	2	10	1	32	14	8	3
	Non-European ..	66	55	116	48	67	11	49	5	298	119	49	17
	All races ..	74	63	124	51	73	13	59	6	330	133	57	20

Of the 463 new cases of pulmonary tuberculosis discovered, 94 were previously known to the staff of the anti-tuberculosis clinic. A very high proportion of these cases denied having any symptoms and maintained that they were in a very good state of health and well able to carry on with their work.

Fortunately this method of diagnosis reveals the comparatively early and minimal tuberculosis lesion so that treatment in their own homes more often than not suffices.

Cases desiring private medical treatment were referred to their own medical practitioners with full reports.

Although the mass X-ray service is primarily for Cape Town residents, a fair proportion of residents outside the city were X-rayed because they were employed within the Cape Town municipal area. In the year under review, 77 extra-municipal cases of tuberculosis were discovered, compared with 130 the previous year. These extra-municipal cases were referred for treatment to the local authority concerned.

With the existing accommodation, the present total attendances cannot be exceeded and groups must therefore be logically selected in keeping with the known incidence rates. The range is wide but the aim is poor. If, in Europeans, a male stands twice as great a chance of acquiring tuberculosis as a female, the males should attend in double numbers. Similarly, as the incidence rate for the non-Europeans is six times that of the Europeans, this group should attend the mass X-ray sessions in far greater numbers than they do. Selection should also be applied to age and occupation: European children from 5 to 15 years of age are, as a group, markedly unprofitable, but examination of the aged and destitute would uncover many unrecognized infectious cases. Occupations under special hazards or with high incidence or involving close contact with children should receive more attention than is the case at present.

SECTION VII. VENEREAL DISEASES.

(DR. L. I. COHEN, VENEREAL DISEASE OFFICER.)

The number of new cases attending the municipal treatment centres during the year increased by 188 compared with the previous year. 318 European new cases were registered during the year as against 255 for the previous year, while non-European new patients amounted to 3,334 as against 3,209 for the previous year. This is the first overall increase in new cases at the clinics since 1949.

The total attendances numbered 13,375 (1,022 European and 12,353 non-European) as compared with 12,593 in 1957, 14,048 in 1956 and 16,685 in 1955.

The number of new cases of syphilis (all forms) increased by 111, while cases of congenital syphilis recorded were 33 as against 24 in the previous year.

TABLE I.

	1958.		1957.	
	New cases.	Incidence rate.	New cases.	Incidence rate.
<i>Race:</i>				
European	318	1.6	255	1.3
Non-European	3,334	9.2	3,209	9.3
<i>Sex:</i>				
Male	2,717	9.7	2,602	9.6
Female	935	3.4	862	3.2
<i>Disease:</i>				
Syphilis	729	1.3	627	1.2
Syphilis, congenital	33	0.1	24	0.0
Gonorrhea	2,214	4.0	2,111	3.9
Other venereal diseases	135	0.2	84	0.2
Non-venereal diseases	483	—	538	—
Undiagnosed	58	—	80	—
All new cases	3,652	6.5	3,464	6.4

The true incidence rate for diagnosed cases of venereal disease, that is, the rate obtained by omitting those cases found not to have venereal disease and those remaining undiagnosed was 5.6 per 1,000 population (1.2 European and 7.9 non-European). Last year the true incidence rates were 5.3, 0.8 and 7.8 respectively.

It should be noted that these rates are based on the number of individuals treated for venereal disease at the municipal treatment centres. As this disease is not notifiable, no record is available of the number of persons being treated by private practitioners or by other agencies.

A record of new cases of venereal disease and the incidence rates for the municipality of Cape Town are set out in the following table for a series of years:—

TABLE II.

Year ended 30th June.	Total new cases.*	Population (including Langa Native Township).	Incidence rate per 1,000 population.
1945	3,591	366,854	9.8
1946	4,854	377,344	12.9
1947	5,318	390,539	13.6
1948	4,733	401,084	11.8
1949	4,891	412,613	11.9
1950	4,461	424,207	10.5
1951	3,982	436,357	9.1
1952	3,317	448,569	7.4
1953	3,254	461,811	7.0
1954	2,979	476,601	6.3
1955	3,208	490,992	6.5
Calendar year 1956	2,855	521,356	5.5
Calendar year 1957	2,846	540,633	5.3
Calendar year 1958	3,111	558,237	5.6

*Excluding non-venereal and undiagnosed cases.

In Table III a detailed analysis of all new cases registered in the year is presented. The classification follows that advocated by the Union Health Department for compilation of their statistics.

TABLE III.

Disease.	New cases.					Total attendances.				
	European.		Non-European.		Total.	European.		Non-European.		Total.
	Male.	Female.	Male.	Female.		Male.	Female.	Male.	Female.	
1. Seronegative primary syphilis	16	1	44	4	65	56	6	297	50	409
2. Seropositive primary syphilis	3	—	89	12	104	35	—	445	101	581
3. Secondary syphilis ...	1	—	76	95	172	7	11	374	636	1,028
4. Tertiary syphilis (1)	—	—	18	8	26	—	6	183	90	279
5. Endosyphilis (2) ...	—	6	31	316	353	1	41	253	1,027	1,322
6. Neurosyphilis ...	1	—	7	1	9	14	—	87	30	131
7. Congenital syphilis (under 1 year) ...	—	—	7	6	13	—	—	16	16	32
8. Congenital syphilis (over 1 year) ...	—	1	4	15	20	1	15	43	133	192
Total syphilis ...	21	8	276	457	762	114	79	1,698	2,083	3,974
9. Gonorrhea	179	8	1,855	148	2,190	499	29	5,600	374	6,502
10. Gonococcal vulvovaginitis	—	1	—	18	19	—	2	—	76	78
11. Gonococcal ophthalmia	—	—	2	3	5	—	—	2	12	14
Total gonorrheal infections ...	179	9	1,857	169	2,214	499	31	5,602	462	6,594
12. Ulcus molle	10	—	117	8	135	13	—	162	16	191
13. Lymphopathia venereum	—	—	—	—	—	—	—	—	—	—
14. Granuloma venereum ...	—	—	—	—	—	—	—	—	—	—
15. Venereal warts ...	—	—	—	—	—	—	—	—	—	—
16. Phagedaena	—	—	—	—	—	—	—	—	—	—
Total venereal diseases	210	17	2,250	634	3,111	626	110	7,462	2,561	10,759
17. Non-venereal disease ...	42	19	118	226	405	51	33	141	399	624
18. Non-gonococcal urethritis	24	1	52	1	78	59	8	146	—	213
19. Reiter's disease ...	—	—	—	—	—	—	—	—	—	—
20. Undiagnosed ...	1	4	20	33	58	95	40	803	841	1,779
Grand Total ...	277	41	2,440	894	3,652	831	191	8,552	3,801	13,375

(1) Clinically recognizable.

(2) Diagnosed on result of serological test alone.

The following table is designed to show the number of cases registered at the municipal treatment centres over a period of ten years. It will be seen from this that the downward trend in new cases of syphilis (all forms) has been arrested. Gonorrhoea among Europeans remains unchanged since 1950; but the steady increase in the non-European incidence has continued.

TABLE IV.

Year.	New cases.												Total.
	Syphilis, congenital.		Syphilis, other forms.		Gonorrhoeal infections.		Other venereal diseases.		Non-venereal diseases and undiagnosed cases.				
	E.	C.	E.	C.	E.	C.	E.	C.	E.	C.			
	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.			
1948-49	1 14	90 502	111 71	777 1,820	245 41	949 150	17 —	99 4	201 30	314 416	5,852		
1949-50	5 5	149 338	96 25	809 1,479	167 12	1,141 146	15 —	61 13	109 13	298 301	5,182		
1950-51	— 11	72 261	62 41	794 1,227	170 21	1,192 75	4 —	51 1	92 11	331 259	4,675		
1951-52	3 4	38 76	33 21	632 879	151 24	1,246 137	6 —	65 2	120 35	329 471	4,272		
1952-53	2 5	24 41	22 9	563 530	164 7	1,683 104	10 —	89 1	115 33	330 405	4,137		
1953-54	2 1	17 48	11 18	345 585	158 15	1,630 73	6 —	66 4	125 20	387 367	3,878		
1954-55	1 —	5 45	15 12	290 506	175 12	1,840 90	53 1	111 52	112 11	183 191	3,705		
1956 ..	— —	5 29	10 6	252 480	145 4	1,784 86	2 —	49 3	122 20	303 302	3,602		
1957 ..	— 2	6 16	7 5	237 378	122 9	1,826 154	6 —	69 9	87 17	242 272	3,464		
1958 ..	— 1	11 21	21 7	265 436	179 9	1,857 169	10 —	117 8	67 24	190 260	3,652		

MUNICIPAL TREATMENT CENTRES.

Four municipal treatment centres continue to function for free advice and treatment of venereal disease, i.e. at the City Hospital, Salt River, Wynberg and Windermere. During the year 25 medical sessions (6 European and 19 non-European) were held each week.

Table V shows the number of new cases registered at the various municipal treatment centres, together with the number of attendances or consultations held. It should be noted that male and female sessions for Europeans and non-Europeans are held at the City Hospital and Wynberg Centres, male and female sessions for non-Europeans together with a European female session at Salt River, and male and female sessions for non-Europeans only at Windermere.

TABLE V.

Centre.	Sessions.	New cases.	Attendances.
City Hospital, Portswood Road	452	1,168	3,906
Salt River	353	1,393	5,374
Wynberg	302	650	2,753
Windermere	149	236	893
Pre-natal clinics (at child welfare centres)	—	205	449
Total		3,652	13,375

VENEREAL DISEASE CONTACTS.

66 contacts were reported to the Medical Officer of Health during the year, compared with 43 in the previous year. This figure is far from satisfactory when one considers that the number of cases registered for investigation and treatment was 3,652. This implies that a large reservoir of undetected venereal disease continues to exist in this City.

TABLE VI.

Number of contacts reported	66
Number of such contacts who reported for examination	22
Number of those who attended found to be suffering from a venereal disease	14

During the year under review nurse/visitors paid 883 visits to defaulting female patients and 3,750 letters were sent to defaulting male patients. 26 patients were referred to the Magistrate under the Public Health Act No. 36 of 1919. 10 were prosecuted and the remainder were either discharged or reported untraceable.

PATHOLOGICAL EXAMINATION.

In order to establish an early diagnosis microscopic examinations of all discharges are carried out at all clinic sessions. In addition, serological (Kahn) tests for syphilis are performed twice a week at the City Hospital. Pathological examinations carried out in the venereal diseases Branch during the year were as follows:—

TABLE VII.

	Positive.	Negative.	Doubtful.	Total.
Number of dark-ground examinations for Sp. Pall	252	212	—	464
Number of smear examinations for gonococci	2,141	131	—	2,272
Number of blood sera tested by Kahn test	406	392	102	900

SECTION VIII.—CITY HOSPITALS.

(Dr. H. R. ACKERMANN, M.B., Ch.B., T.D.D., F.C.C.P., MEDICAL SUPERINTENDENT OF HOSPITALS.)

The city group of hospitals consists of the following institutions:—

- (1) The City Hospital for Infectious Diseases in Portswood Road, Cape Town.
- (2) The Brooklyn Hospital for Chest Diseases at Koeberg Road, Maitland.
- (3) Langa Native Hospital, at Langa Native Township.

Each of these institutions will be dealt with in its special section. The staff at these hospitals is shown on page 79.

CITY HOSPITAL FOR INFECTIOUS DISEASES, PORTSWOOD ROAD.

The hospital now provides accommodation for 518 patients. The new block built for venereal diseases was completed in August, 1952, and has now been taken over entirely for the treatment of infectious diseases. Ordinarily, patients suffering from the following diseases can be admitted to the hospital: enteric fever, diphtheria, erysipelas, puerperal fever, cerebrospinal fever, acute poliomyelitis, infective encephalitis and scarlet fever. Cases of other infectious diseases are admitted for special medical or social reasons. Accommodation is also provided for cases of pulmonary tuberculosis.

The medical staff at December 31st, 1958, consisted of the medical superintendent, deputy medical superintendent, three resident medical officers and three house physicians.

HOSPITAL STATISTICS.

The daily average of beds occupied in the City Hospital, Portswood Road, and Brooklyn Hospital in the year under report was as follows:—

Disease.	From Cape Town Municipality.		From outside Municipality.	
	European.	Non-European.	European.	Non-European.
Measles	0.5	2.0	0.6	2.5
Acute poliomyelitis	1.2	0.9	1.1	1.7
Cerebrospinal fever	0.1	1.4	0.2	1.0
Diphtheria	3.1	6.8	4.4	14.0
Enteric fever	0.2	4.9	0.6	5.7
Scarlet fever	3.6	1.1	1.7	0.2
Whooping cough	0.3	2.3	0.2	2.7
Tuberculosis, pulmonary	45.7	328.0	8.6	94.2
Tuberculosis, other forms	2.0	41.6	3.6	29.1
Other diseases	2.9	4.0	2.2	5.0
Total	60	393	23	156

The average daily number of patients in the hospital (exclusive of Brooklyn Hospital) for a series of years is as follows:—

1923-24	1924-25	1925-26	1926-27	1927-28	1928-29
62.9	69.6	107.7	125.5	151.7	156.2
1929-30	1930-31	1931-32	1932-33	1933-34	1934-35
159.1	204.3	238.2	245.3	256.7	263.4
1935-36	1936-37	1937-38	1938-39	1939-40	1940-41
280.2	268.4	267.4	362.3	331.4	330.4
1941-42	1942-43	1943-44	1944-45	1945-46	1946-47
342.3	354.3	354.4	348.4	364.3	340.9
1947-48	1948-49	1949-50	1950-51	1951-52	1952-53
351.7	323.5	332.2	353.8	376.1	411.1
1953-54	1954-55	1956	1957	1958	
404.6	420.5	393.6	379.2	349.1	

Patients treated in City Hospital during the year:—

	European.		Non-European.		All races.
	M.	F.	M.	F.	
In hospital 31st December, 1957	55	39	90	193	377
Admitted	222	253	452	660	1,587
Discharged	228	255	410	615	1,508
Died	13	3	50	70	136
Remaining in hospital	36	34	82	168	320
Died within 48 hours					43
Died after 48 hours					93

X-RAY DEPARTMENT AND CLINICAL ROOM.

This department is available not only for in-patients but also for out-patients from this and other hospitals, and for cases referred from the tuberculosis clinic. The work done during the year is indicated in the following table:—

Clinical room:	
New cases	346
Total attendances:—	
European	1,162
Non-European	1,318
In-patients	954
Out-patients	1,526
	2,480

<i>Examination and treatment:</i>		
Screenings	1,249	
Refills	481	
Consultations	633	
Mantoux tests	1,104	
Blood sedimentation	10	
B.C.G. vaccination	196	
Special	130	3,803
<i>X-ray department:</i>		
X-rays	14,556	
Miniature X-rays	646	
Bronchograms	121	
Tomograms	86	
Pyelograms	2	
Cholecystograms	1	15,412

OPERATING THEATRE.

The operations performed in the operating theatre for the year were as follows:—

Appendicectomy	2
Breast abscess	1
Bronchoscopy	3
Excision of burns and skin graft	1
Excision of rodent ulcer	1
Hernioplasty	1
Hysterectomy	2
Laparotomy	3
Myringotomy	1
Opening of abscess	4
Phrenic crush	17
Removal of cyst	1
Skin graft	1
Therapeutic W. and C.	6
Thoracoscopy	1
Thyroidectomy	1

DENTAL CLINIC.

The dental officer attends periodically and provides dental attention for tuberculosis in-patients.
During the year under report 139 patients attended for dental treatment. Further details are shown in the table on page 37.

BROOKLYN HOSPITAL FOR CHEST DISEASES.

This hospital with its medical and nursing staff is under the general supervision of the Medical Superintendent of Hospitals and is also dependent on the City Hospital for dispensary and laundry services.

The total bed state of the hospital is as follows:—

Ward A	38
Ward B	38
Ward C	38
Ward D	38
Ward E	36
Ward F	38
Ward S (11 males and 11 females)	22
Ward 1 (Malay ward)	24
Ward 2 (School-age boys)	24
Ward 3	13*
Ward 4	21*
Total	330 beds.

* Not yet in operation due to lack of trained staff and medical officers.

The average daily number of in-patients for a series of years is as follows:—										
1947-48	1948-49	1949-50	1950-51	1951-52	1952-53	1953-54	1954-55	1956	1957	1958
169.2	193.5	252.9	270.6	271.1	295.1	291.5	284.9	278.4	282.8	282.9

The routine graded rest/exercise regime has been continued as the basis of successful treatment.
In all 125 open chest operations were performed, which included all varieties and types of thoracic procedures. There has also been an increase in the number of general operations, of which some 22 have been concerned with the gastro-intestinal tract.

A small number of cases continue to be treated by collapse therapy, the majority of whom were induced after surgery with a view to closing dead spaces in the chest without further sacrifice of functioning lung.
All patients are assessed for occupational therapy shortly after admission and are started on work as soon as they are considered fit.

Due to lack of suitable accommodation no exhibition of work was held this year.

NEW BUILDINGS AND DEVELOPMENT OF HOSPITAL GROUNDS.

The new electrical sub-station was equipped and in operation by February and by April a new Supply Circuit had been established for the hospital.

In April the three converted buildings and the new gatehouse/telephone exchange were formally handed over by the builders.

The original office building was also renovated and the non-resident medical staff took occupation at the end of July.

With the approval from all sources having been received for the erection of the new laundry, a new 4 inch water main was laid to the proposed site during November.

Patients treated during the year:—

	Males.	Females.	Total.
In hospital 31st December, 1957	268	5	273
Admitted	377	83	460
Discharged	299	78	377
Died	70	4	74
Remaining in hospital	276	6	282

EXAMINATIONS AND TREATMENT.

	Staff.	In-patients.	Out-patients.	Total.
Screenings		16	4	20
Refills A.P.P.		26	4	30
Bronchograms		148	20	168
Inductions A.P.P.		1	—	1
Examinations	31	—	—	31
Sick parade	402	—	—	402
Mantoux tests	58	—	—	58
Special injections	52	—	—	52
Blood sedimentation	50	—	—	50
Aspirations, chest	—	101	—	101
Surgeons consultations	—	417	10	427
Lumbar punctures	—	148	—	148
Intubations	—	33	—	33
Vaccinations	—	2	—	2
Lipiodol into sinus	—	5	—	5
Barium swallow	—	1	—	1
Stomach washout	—	2	—	2
Eye examinations	—	60	—	60

X-RAY DEPARTMENT.

	Skiagrams.	Tomograms.	Intra-venous pyelograms.	Orthopaedic.
Staff	568	—	—	11
In-patients	3,174	42	2	73
Out-patients:				
Clinics (B.C.H.)	741	2	—	—
Ex Chapel Street)				
City Hospital)	154	24	—	—
Langa)				
C.D.C.	306	—	—	—
Valkenberg	186	—	—	—
F.O.S.A.	317	1	—	—
Windermere	1,594	—	—	1
	7,040	69	2	85

DENTAL CLINIC.

	New cases.	Extractions.	Other.	Total.
Adults	127	128	34	162
Children	15	16	1	17
Sessions				10

OPERATING THEATRE.

Major Surgery.		Minor Surgery.	
Pneumonectomy	26	Bronchoscopy	38
Lobectomy	62	Resuturing of wound	1
Segmental resection	9	Phrenic crush	1
Wedge resection	3	Removal of sebaceous cyst	3
Thoracoplasty	14	Dilatations, urethral	22
Decortication	3	Oesophagoscopy	2
Lobectomy plus 2 segmental resections	1	Excision of lipoma	1
Thoracoplasty and closure of fistula	2	Tracheotomy	3
Thoracotomy	1	Sigmoidoscopy	1
Removal of sponge and thoracoplasty	1	Circumcision	2
Insertion of sponge following pneumonectomy	1	Bronchogram under G.A.	3
Extra-pleural strip	1	Biopsy of gland of neck	1
Removal of cyst from upper lobe	1	Cystoscopy and retrograde pyelogram	2
Pleurectomy	1	Cystoscopy	2
Gastrectomy	3		

Major Surgery (Contd.)

Partial gastrectomy	2
Gastrostomy	1
Jejunostomy	2
Intestinal obstruction	2
Oesophagectomy	1
Appendicectomy	7
Laparotomy	2
Haemorrhoidectomy	2
Repair of hernia	1
Repair of strabismus	1
Excision of cold abscess	2
Dilatation and curettage	5
Hysterotomy	1
Insertion of radium	2
Intranasal antrostomy	1
Oophorectomy and appendicectomy	1
Nephrectomy	1

AMBULANCE AND DISINFECTING STATION.

This is situated in the grounds of the City Hospital, Portswood Road. There is garage accommodation, in which are housed (besides other departmental cars) three ambulances for the removal of cases of infectious disease, two vans for the transport of infectious and disinfected bedding, and one van for the distribution of supplies to the municipal hospitals and clinics.

The disinfecting station contains two Washington-Lyon pressure steam disinfectors and a formalin fumigating chamber.

The ambulance and disinfecting service is staffed by the ambulance officer, disinfection officer, five motor drivers and two labourers. This staff is also responsible for the disinfecting of houses and other premises for infectious diseases and other conditions. A fitter, assisted by a boiler attendant and labourer, is in charge of the disinfecting station and supervises the machinery of the hospital laundry. The disinfection of bedding, etc., for both the hospitals is also done at the disinfecting station. The general ambulance service for the city is operated by the Town Clerk.

The work done during the year by the ambulance and disinfecting service is indicated by the following figures:—

Ambulance journeys (return).		Premises disinfected.	
To City Hospital.	To other hospitals or premises.	For tuberculosis.	For other infectious diseases.
1,404	315	473	559

The distance covered during the year by the vans and ambulances was 136,703 miles.

SCABIES AND PEDICULOSIS.

(CLEANSING STATION.)

The cleansing station at 15 Cowley Street, Cape Town, is provided for the disinfestation of verminous persons and their clothing. It is in the charge of a superintendent, who works under the supervision of a medical officer, and has two non-European assistants. The work consists mainly of the treatment of scabies, which is more prevalent in Cape Town than pediculosis.

The attendances in the year under report were as follows:—

Persons.	First attendances.						Total attendances.					
	Sca-bies.	Impet-igo.	Body lice.	Ring worm.	Head lice.	Total.	Sca-bies.	Impet-igo.	Body lice.	Ring worm.	Head lice.	Total.
<i>Children under 16 years of age:</i>												
European boys	7	3	—	—	1	11	21	41	—	—	1	63
European girls	2	4	—	—	12	18	6	8	—	—	15	29
Non-European boys	93	198	1	2	48	342	242	1,019	1	2	28	1,292
Non-European girls	95	290	—	1	329	715	238	1,559	—	1	451	2,249
Total children	197	495	1	3	390	1,086	507	2,627	1	3	495	3,633
<i>Adults:</i>												
European males	—	—	—	—	—	—	—	—	—	—	—	—
European females	1	—	—	—	—	1	2	—	—	—	—	2
Non-European males	15	5	—	—	—	20	33	18	—	—	—	51
Non-European females ..	29	15	—	—	9	53	66	34	—	—	32	132
Total adults	45	20	—	—	9	74	101	52	—	—	32	185
<i>Total persons:</i>												
European	10	7	—	—	13	30	29	49	—	—	16	94
Non-European	232	508	1	3	386	1,130	579	2,630	1	3	511	3,724
All races	242	515	1	3	399	1,160	608	2,679	1	3	527	3,818

N.B.—Some of the cases of scabies were infested also with lice.

LANGA AFRICAN HOSPITAL.

At Langa African Township the African residents are provided with free medical attention at a hospital with 30 beds and out-patient department, and are visited in their own homes by a nurse or medical officer if required. They are also provided on the same lines as the rest of the Municipality, with infant consultations, pre-natal and dental clinics, a day nursery and health visiting.

The work of the hospital is conducted by Dr. A. J. Wilson, M.B., Ch.B., who is non-resident, and he is assisted by a Resident Medical Officer (non-resident). This latter position has, however, been vacant for certain periods during the year.

The hospital is under the general supervision of the Medical Superintendent of Hospitals, who pays it a weekly visit.

An extern municipal midwifery service is provided for the Township women in their own homes. The confinement fee is 11s.

The activities of the hospital and clinics for the year under report are shown by the following figures:—

Admissions:	
Medical	483
Surgical	190
Maternity	57
Infectious diseases	19
Born in hospital	55
Other conditions	17
Total	821
Discharges	760
Deaths	41
Remaining in hospital	20
Minor operations performed	626
Daily mean number of in-patients	19.7
New out-patients	4,656
Attendances by out-patients	54,352
Visits to patients at their homes by —	
Doctor	1,337
Nurse	143
Midwifery service —	
Confinements attended (extern)	171
Visits made by midwife	3,505
Pre-natal clinic —	
New cases	463
Total attendances	2,044
Infant consultations —	
New cases	449
Total attendances	3,935
Dental clinic —	
New cases	529
Total attendances	1,119
Day nursery —	
New cases	58
Total attendances	14,990

The home address of the in-patients were as follows:—

Langa African Township	749
Elsewhere in Cape Town Municipality	33
Extra-municipal	39

The following patients were Workmen's Compensation Act cases:—

In-patients	33
Out-patients	626

SECTION IX. — ENVIRONMENTAL SANITATION.

For sanitary inspection the municipality is divided into five divisions, each of which is sub-divided into districts (29 in all). In each division the inspector in charge has no district of his own and he is responsible for the work of the district inspectors in his division and the taking of samples under the Food, Drugs and Disinfectants Act of 1929. The work of the pest control officers is separated from the divisional system. They deal with the inspection of plans in collaboration with the City Engineer's Department, rat-proofing of buildings, the destruction of town and veld rodents and the prevention of mosquito breeding. The district inspectors are also concerned in this work. All the inspectors work under the control of the Chief Health Inspector, who, with his assistant, is also responsible for the municipal washhouses, the public sanitary conveniences and the taking of samples of water from municipal reservoirs for bacteriological analysis.

The work of the district health inspection staff is, generally speaking, to assist in safeguarding the public health and carrying out the provisions of the Public Health Act. Included in their activities may be cited the following:— The investigation of notified cases of infectious disease, with the exception of tuberculosis, which are referred to health visitors working under the control of the Tuberculosis Officer, and of ophthalmia, trachoma, puerperal fever, whooping cough and diseases notifiable by school teachers, such as measles and chicken pox, which are referred to the health visitors of the Child Welfare Branch; special follow-up visits made to persons discharged from the City Hospital suspected of being typhoid carriers; the

routine inspection of dwelling houses, shops, food places and vehicles, stables and other places where animals are kept, except licensed cowsheds, which are under the control of the Veterinary Officer and the special inspectors attached to the Milk Control Branch; inspections concerning the licensing and regulation of various trades, residential hotels and boarding houses, camping sites and theatres and other places of amusement; the inspection of courts, lanes and alleys, open land, undeveloped areas, standing water and refuse tips; reports on applications for permission to demolish or convert dwellings under the provisions of Housing Act No. 10 of 1957, and the deverminization of incoming Africans to the Langa African Township or wherever the circumstances demand, and the submission of reports in terms of the Native Service Levy Act, No. 64 of 1952.

HEALTH INSPECTORS.

On the 31st December, 1958, the staff of health inspectors consisted of the principal health inspector, the assistant principal health inspector, 5 divisional health inspectors, 29 health inspectors, and 3 learner health inspectors, besides 3 health inspectors for dairies and 3 pest control officers.

The inspections recorded as made by the health inspectors (other than pest control officers) during the year were as follows:—

Aerated water factories	162
Attendances at magistrates' courts (<i>re</i> offences)	160
Bakehouses	484
Bakers' vehicles	408
Bakers' shops (without bakehouses)	399
Beaches	324
Billiard saloons	8
Boarding-houses	730
Butchers' vehicles	856
Butchers' shops	6,119
Cafes	1,325
Cattle dealers' premises	49
Chalets	6,025
Common lodging-houses	83
Courts, lanes and alleys	3,363
Dairy stables	2,533
Dealers' and general dealers' shops (food)	21,873
Dealers' and general dealers' shops (no food)	3,618
Eating-houses	776
Fish vehicles	137
Fish dealers	2,538
Garages	867
Hairdressers	1,790
Hawkers' vehicles	1,781
Hawkers' premises	2,772
Horse stables	1,126
Ice-cream vehicles	146
Ice-cream purveyors and manufacturers	1,695
Laundries	492
Licensed hotels and bars	401
Mattress-makers and upholsterers	79
Milk-delivery vehicles	566
Milk shops (purveyors of milk)	5,765
Mineral water dealers	225
Native housing reports	10
Natives deloused and vaccinated (<i>re</i> typhus fever)	9,586
Open land	3,513
Other factories and work places	3,249
Other house inspections	24,147
Other places where food is manufactured	722
Other visits	4,911
Personal service notices (<i>re</i> nuisances)	996
Office interviews	2,752
Residential hotels and boarding houses	357
Piggeries	10
Poulterers	177
Places of amusement (<i>re</i> licences)	313
Public markets	3,550
Refuse depositing sites	386
Restaurants	3,762
Schools	189
Side shows	95
Sites or premises (<i>re</i> deposited plans)	499
Sports grounds	407
Standing water, catchpits, etc. (<i>re</i> mosquitoes)	443
Swimming baths	37
Tea shops	2,853
Tenement houses	850
Tents	70
Theatres and cinemas	308
Visits made in connection with infectious diseases	1,209
Washhouses	74
Total	135,230

Particulars in connection with visits recorded in the above inspections:

Visits to premises where action was taken in connection with rodent infestation	30
Visits at which premises were disinfected	2
Drain tests carried out	42

The notices served by health inspectors during the year under review are enumerated below:—

Proceedings begun by:

Verbal notices	1,115
Formal written notices	2,253
Total proceedings begun	3,368

Written notices following verbal notices:

401

Total notices served:

Verbal notices	1,115
Formal notices	2,800
Final notices	241
Total	4,156

The number of items included in the 4,156 notices were as follows:—

	Drainage.	Household.	Business.	Stable.	Other.	Total.
Ward 1 ...	9	23	31	—	3	66
Ward 2 ...	27	156	114	—	18	315
Ward 3 ...	16	51	132	—	8	207
Ward 4 ...	26	89	123	—	9	247
Ward 5 ...	107	199	306	7	37	656
Ward 6 ...	85	160	149	8	31	433
Ward 7 ...	120	142	120	—	26	408
Ward 8 ...	60	51	205	—	16	332
Ward 9 ...	44	85	107	—	11	247
Ward 10 ...	45	113	213	3	44	418
Ward 11 ...	11	31	30	—	5	77
Ward 12 ...	28	78	141	—	18	265
Ward 13 ...	12	39	73	—	6	130
Ward 14 ...	22	73	191	2	29	317
Ward 15 ...	26	61	92	1	68	248
Total ...	638	1351	2027	21	329	4366

Other defects were dealt with by the inspectors by reports for transmission to the City Engineer and other departments of the Corporation as follows:—

Stopped drains	602
Defective water fittings	40
Unauthorised structures	32
Undrained premises	5
Structural defects to premises	34
Other defects	46

STABLE PREMISES.

The municipal regulations empower the Council to prohibit the use for the keeping of animals, any stable, cowshed, pigstye, kraal, etc., which in its opinion is "unfit, undesirable or objectionable by reason of its locality, construction or manner of use". The City Council may also restrict the number or kind of animals to be kept at any such premises.

Since 1929, the City Council has prohibited the use of 145 stable premises. Many others have been closed without formal action by the City Council.

These figures do not include dairy stables that have been closed by order of the City Council.

ANTI-RODENT OPERATIONS.

Throughout the sandy open lands of the Cape Flats scattered colonies of gerbilles and groups of other veld rodents are to be found, but plague infection in rodents has not approached nearer to Cape Town than the Ceres basin and the Van Rhynsdorp district near the Olifants River towards its mouth. There has been no outbreak of plague in Cape Town since about 1901, when there was an epidemic which spread from the infection of rats in the Port. At that time many parts of the country were also affected. And until 1938, when a few human cases occurred in Port Elizabeth and rats were found to be plague infected in that city, there has been no infection of rats in South Africa for many years.

In view of this position an anti-rodent staff is maintained in the City Health Department, consisting of the 3 pest control officers, and 26 rat catchers. This staff also devotes itself to the examination of the rat-proofing of buildings and the destruction of rodents, especially rats and veld rodents. *Rattus rattus*, both *rattus alexandrinus* and *Rattus norvegicus* are found in the business centres and old houses of the city, *Rattus rattus frugivorus* in the suburbs, and *Rattus norvegicus* on the sea beaches and in the banks of streams, etc. Systematic destruction

of gerbilles is carried out in the unbuilt part of the municipal area on the Cape Flats, stretching from Table Bay to False Bay, the greater concentration of gerbille activity occurring in the area between Milnerton to Epping, Vasco. The presence of the gerbille is particularly noticeable on the boundary and is indicative of the continued intensive migratory movement of the gerbilles from the north.

In the built-up areas, attention is given chiefly to the rat-proofing of premises which attract, harbour and nourish rats, and the destruction of rats in infested premises. In the granting of trading licences for grocers' shops and the like, rat-proofing has been insisted on. Many wood floors in such premises have been replaced by concrete. Rat-proofing is required in accordance with the Union Government Regulations in the erection of new shops and stores or alterations, additions, etc.

With the advent of Warfarin a new and valuable weapon has come to the forefront in the war against domestic rodents (brown and black rats). The remarkable results obtained have justified its extensive use and it has now become one of the principal methods of exterminating rodents. Extensive experiments and trials have resulted in the production of a bait which has been found acceptable to these rodents under all conditions. The experiments conducted from the pest control centre have been fully justified and it is reassuring to observe that there has been no evidence of bait shyness or immunity developing. It has been established beyond all doubt that the number of carcasses when Warfarin is used bears no relation to the number of rodents destroyed. These encouraging results fully justify a more extensive use of this poison and our efforts in this direction are being intensified. It would appear that the numerical value of carcasses recovered can no longer be considered of primary importance, as a fairly accurate assessment of the number of rats destroyed can be made by the quantity of bait laid and consumed. Block poisoning, i.e. dealing with all premises within a given area, has been developed and excellent results obtained showing that poisoning with the new substance is suitable for operations on an extended scale. This poison is sold in most shops in a ready mixed form, and being easy to use and giving positive results the public are co-operating by obtaining and using cartons.

During the year under review, 28,360 lbs. of Warfarin bait were laid in rat infested areas in the Municipality. Progress is being made in block poisoning and the sea beaches and similar places, which for years have been a problem, have now been almost cleared of rodents by the use of Warfarin.

The work done during the year under review is indicated by the following figures:—

Inspections by pest control officers:		
Re rodents	9,197	
Re mosquitoes	2,379	11,576
Inspections re rodents by other inspectors		30
Inspections re mosquitoes by other inspectors		443
Visits made to lands and premises by rat-catchers:		
Re rodents	68,921	
Re mosquitoes	23,758	92,679
Examination of building plans:		
With requirements	1,436	
No objection	212	1,648
Number of notices served by pest control officers:		
Verbal notices	26	
Written notices	74	100
Number of rodents caught and destroyed:		
Brown rats	5,575	
Black rats	1,175	
Gerbilles	2,265	9,015

The figures given above as to rodents destroyed include only the number of animals whose dead bodies were actually recovered. There is no reason to doubt that many more were destroyed by the methods employed.

The rodents destroyed and recovered are shown in the following table:—

RODENTS CAUGHT AND DESTROYED.

Year.	Brown rats.	Black rats.	Gerbilles.	Total.
1926	8,409	1,206	3,430	13,045
1936	3,757	3,240	610	7,607
1946	9,082	1,879	287	11,248
1956	4,868	1,487	1,489	7,844
1957	5,673	1,503	1,093	8,269
1958	5,575	1,175	2,265	9,015

MOSQUITOES.

The pest control officers specialize also in anti-mosquito work. They investigate local prevalence of mosquitoes discovered through complaints or systematic inspections. They also control permanent anti-mosquito measures in the Black River valley, extending from the Bokmakirie Township to the Royal Observatory, as well as giving attention to seasonal collections of standing water and other known mosquito breeding foci within the municipal area. Four of the rat-catching staff under their control devote the whole of their time to oil-spraying of waters where mosquitoes are likely to breed. In addition to these four operatives, another employee carries out regular oil treatment of standing water at the sewage disposal works at Athlone.

The revised method in the campaign against mosquitoes of applying Larvicidal Oil of high spreading pressure to the surface of standing water by means of an applicator gun continues to give satisfactory results. Larvicidal Oil containing D.D.T. supplying the required toxicity is applied undiluted to standing water at the rate of 2.4 pints per acre of water surface.

It has been found that fog conditions encourage the migration of adult mosquitoes. The mosquitoes are exclusively of the genus culex. Anopheles and Aedes Egypti are not found.

Intensive mosquito breeding can also occur in trapped street catchpits, which require constant attention by the City Engineer's Department.

The number of inspections of sites and premises made during the year under review was 2,379.

FOOD, DRUGS AND DISINFECTANTS ACT.

In terms of Government Notice No. 1572 of 1932, the Minister of Public Health added the Municipality of the City of Cape Town to the list of local authorities empowered under Government Notice No. 666 of 1930 to administer the Food, Drugs and Disinfectants Act in respect of (a) perishable articles mentioned or defined in the Regulation under the Act, and (b) flour, meal, bread and any other article of food not packed or sold in a sealed package. The number of samples to be examined for the Municipality in the Government Chemical Laboratory free of charge was fixed at 766 by Government Notice No. 997 of 11th July, 1958.

Sampling duty is undertaken by the five divisional health inspectors.

The following is a record of the samples taken during the year:—

Nature of sample.	No. of samples.	Adult-erated.	Prose-cuted.	Warned.	Fines. £
Milk	381	16	14	2	97-10-0
Sausage	85	8	7	—	60- 0-0
Mince meat	59	11	10	—	98- 0-0
Cream	98	—	—	—	—
Polony	14	—	—	—	—
Ice cream	44	—	—	—	—
Yoghourt	6	—	—	—	—
Dripping	18	—	—	—	—
Brawn	4	—	—	—	—
Cheese	28	1	—	1	—
Buttermilk	3	—	—	—	—
Other	3	—	—	—	—
Total	743	36	31	3	255-10-0

MILK AND ICE CREAM.

Compulsory Pasteurization of Milk

The Regulations governing the compulsory pasteurization of all milk offered for sale in Cape Town (except milk from accredited disease-free herds, of which none is licensed at present) have been in force since the 8th May, 1953.

Following the initial difficulties a steady and progressive improvement in the bacterial quality of the milk as supplied to the public has resulted, as reflected in the following figures.

Bacterial testing of pasteurized milk.

Period.	No. of samples tested.	Percentage unsatisfactory counts.
July, 1953—June, 1954	1,168	28.4%
July, 1954—June, 1955	1,675	14.2%
July, 1955—December, 1955	928	3.1%
Jan., 1956—December, 1956	2,458	1.6%
Jan., 1957—December, 1957	3,284	1.0%
Jan., 1958—December, 1958	2,735	0.47%

In June, 1958, it was considered advisable, owing to the marked improvement in the bacteriological tests on pasteurized milk to employ a more severe test. As a result samples of pasteurized milk were allowed to incubate at room temperature for 8 hours, instead of the older method of testing as soon as possible after sampling.

Phosphatase Test

Period.	No. of samples tested.	Total No. under-pasteur-ized.	Grossly under-pasteur-ized.	Under-pasteur-ized.	Slightly under-pasteur-ized.	% under-pasteur-ized.
1953-1954	1,995	48	4	23	21	2.4%
1954-1955	2,055	115	1	19	95	5.6%
July-Dec., 1955	1,116	43	7	6	30	3.8%
1956	2,487	68	6	19	43	2.7%
1957	2,861	63	2	20	41	2.2%
1958	2,249	31	1	11	19	1.4%

It is rather interesting to note that the percentage of underpasteurized milk was relatively low during the first year but showed an increase during the second year. The reason for this can be explained on the basis that it was found necessary during the first year to pasteurize at higher temperatures in an effort to increase the keeping quality of producers milk which, owing to diversion through fewer and more limited channels was subjected to delay and to additional exposure during summer months of higher atmospheric temperatures.

Subsequently, when improvements in transport and handling occurred, pasteurizing temperatures were lowered in an attempt to improve the cream line. The higher figures can also be explained by the fact that the Department concentrated on those plants where poor preliminary results had been noted, so that the figures as set out reveal a position very much worse than was the actual case.

Pasteurized milk samples tested for presence of Coliform Bacilli (B. coli in 1.0 cc. of milk).

<i>Period.</i>	<i>No. of Samples.</i>	<i>Percentage unsatisfactory.</i>
July, 1953–June, 1954	392	49%
July, 1954–June, 1955	277	48%
July, 1955–December, 1955	400	45%
Jan., 1956–December, 1956	818	48%
Jan., 1957–December, 1957	1,229	50.6%
Jan., 1958–December, 1958	1,146	52.3%

From the above table it would appear that a worsening of the position has occurred since 1953, but such, fortunately, is not correct, as these figures have again been adversely affected by the fact that they are loaded, in that the least satisfactory pasteurizers have received added and concentrated attention, as well as the testing of many more samples than the better organised establishments.

In an effort to stimulate the various pasteurizers, in so far as plant hygiene is concerned, the total number of tests for B. coli have been increased and it is hoped that further improvements will, in subsequent years, be reported.

Bacterial Counts of Raw Milk.

<i>Period.</i>	<i>No. of Samples.</i>	<i>Percentage unsatisfactory.</i>
July, 1953–June, 1954	1,346	51.6%
July, 1954–June, 1955	4,669	51.1%
July, 1955–December, 1955	3,366	11.7%
Jan., 1956–December, 1956	5,896	23%
Jan., 1957–December, 1957	4,519	25%
Jan., 1958–December, 1958	3,478	16.6%

The figures for the first year do not reflect the true position as during the summer months of that year bacterial testing of raw milk was discontinued and all efforts were diverted to teaching and instructing the various branches of the local Fresh Milk industry in the proper manner of dairy and plant hygiene.

The suprisingly good figures for the period July – December, 1955, must be accepted in the knowledge that cool to cold weather is the rule during this period.

From the table it would appear that during 1958 16.6 per cent of our raw milk supply was unsatisfactory. Actually, the overall position is better than reflected as we find that the larger establishments produce and deliver a far better product than the smaller ones; these latter frequently producing milk only as a sideline to other farming activities. Sampling from producers is done at random, no attempt being made to obtain more samples from the one or other of the above groups.

The method used in testing is strict and briefly is as follows:—

After sampling at place of delivery (pasteurizing plant) the raw milk is allowed to stand at atmospheric temperature for 8 hours before "breed" smears are made. In summer, counts of over 500,000 per m.l. and in winter over 300,000 per m.l. are considered unsatisfactory.

Staff.

One veterinary officer confines himself to the veterinary inspection of dairy cattle, the supervision of cow-sheds of all producers who supply milk for consumption in the city, the supervision of all pasteurizing plants as well as ice cream factories. He is assisted by two full-time inspectors in the inspection of producers' premises and one inspector who assists in the supervision of pasteurizing plants and ice cream factories, in the taking of samples and in the laboratory work. A laboratory technical assistant confines himself to the laboratory where tests are performed and recorded.

During the year under review the work listed below was done. The close liaison which exists between the laboratory and the field work of the department cannot be sufficiently stressed in safe-guarding and improving the milk supply of this city.

Control of raw milk.

Dairy farms licensed to sell milk in Cape Town	232
Approximate number of gallons of milk produced daily	52,000
Approximate number of gallons of milk consumed daily	41,000
Approximate number of gallons of milk surplus per day	11,000
Total number of inspections on farms	2,562
Herds inspected	38
Investigations on farms regarding high bacterial counts	131
Recording of temperature of mechanically cooled milk	163
of which 7 were unsatisfactory.	

Milk sediment testing: Numerous tests were carried out as part of propaganda campaign.

Breed smears of 3,478 samples of milk were examined; the bacterial counts of 577 (16.6%) of these were unsatisfactory.

Mastitis was diagnosed in 34 (0.98%) of these samples.

Numerous pus cells were seen in 12 (0.34%) of these samples.

Smears prepared from the gravitation cream of 18 composite bulk samples of producers' milk were examined for mastitis; one was positive for mastitis.

Mastitis.

Whenever mastitis was diagnosed in the laboratory the producers were visited and the herds examined. Prevention, diagnosis and treatment were discussed with the farmers.

Anthrax.

Anthrax broke out during the year on two dairy farms which send milk into Cape Town. The introduction of milk and other milk products into the city from the infected farms was prohibited until 14 days after all cattle on these farms had been inoculated against the disease.

All licensed producers were circularised regarding the attitude of the Department to anthrax, with the recommendation that all animals be immunized and that all herds be re-immunized annually.

Structural improvements.

Were carried out on 146 farms on the advice or instruction of the Milk Control Branch.

Butterfat Tests.

On a number of occasions farmers appeal to this Branch for assistance and advice regarding unsatisfactory butterfat percentages of their milk. All such requests are fully investigated and the necessary advice furnished.

During the course of these investigations 67 butterfat tests were performed, of which 21 were unsatisfactory.

Control of pasteurized milk.

Pasteurizing plants licensed and certified	9
Total number of visits to pasteurizing plants	2,664

For the period under review 2,249 phosphatase tests were carried out, of which 31 (1.4%) revealed the sample to be under-pasteurized. Of these, 1 was grossly under-pasteurized, 11 were under-pasteurized and 19 were very slightly under-pasteurized.

Breed smears of 2,735 samples of pasteurized milk were examined, of which 13 (0.47%) were unsatisfactory.

B. Coli tests (B. Coli in 1.0 c.c. of milk) on 1,146 samples of pasteurized milk were examined to determine the efficiency of sterilisation of bottles and plant: 52.3% were unsatisfactory.

Vi-tests on 179 persons employed by pasteurizing concerns were performed. Four employees were found to be positive and were removed from food handling.

One hundred and seventy-one samples of cream taken from pasteurizing plants were submitted to a modified phosphatase test; 150 proved satisfactory.

Two of the largest pasteurizers moved into entirely new and modern premises during the year.

The sterilisation of milk by the Stork process, with bottling and subsequent crown-corking and a "Tetra Pak" milk carton machine for the packing of pasteurized milk were brought into use in the City during the year under review. Milk for both these processes is derived from licensed milk producers.

Control of Ice Cream.

The 11 licensed ice cream factories were visited on 215 occasions. Of the 201 samples of ice cream submitted to the phosphatase test four proved to be under-pasteurized. Two hundred and seven samples of ice cream were examined by the Breed smear method; 15 proved unsatisfactory.

ADDITIONAL VETERINARY AND LABORATORY WORK.

The following additional veterinary and laboratory work was carried out during the period under review:—

- (1) Outside municipalities and Department of Defence: 829 samples of milk were tested for other municipalities and Department of Defence; of these 791 were satisfactory.
- (2) Numerous tests on the caustic concentration of the sumps of bottle washing machines and "lipstick" tests on milk bottles were performed as part of the educational and instructional campaign for the benefit of the milk pasteurizers. These tests have materially assisted in rectifying faults in the bottle cleansing and sterilization system.
- (3) Abattoirs: The Veterinary Officer deputised for the Director of Abattoirs during that official's absence on sick and vacation leave.

TRADING LICENCES.

TEA SHOPS, CAFES, RESTAURANTS, EATING-HOUSES AND BOARDING HOUSES.

Municipal Regulations provide for the annual licensing of these premises and the controlling of the equipment and management. Applications for licences are considered by the responsible Committee after report by the Medical Officer of Health.

The following is an analysis of the applications dealt with during the year:—

	Restaurants.	Tea Shops.	Cafés.	Eating-Houses.	Boarding Houses.
1. Applications received	255	999	35	36	210
2. Granting of licences recommended (without conditions)	199	879	30	28	206
3. Granting of licences recommended (subject to conditions)	56	118	4	7	4
4. Number under item 3 later reported as having complied with conditions	38	80	2	4	—
5. Refusal of licences recommended	—	—	—	1	—
6. Applications withdrawn	—	2	1	—	—

REGISTERED TRADES.

Mattress-makers, Laundries, Barbers and Hairdressers.

Government regulations regarding mattress-makers and upholsterers (Government Notice No. 1384 of 1938) prohibit any person from carrying on those trades unless registered annually by the Council. The municipal regulations prohibit any person from carrying on any laundry "by way of trade or for purposes of gain", unless registered annually by the Council. The municipal regulations also prohibit any person from carrying on the trade or business of a barber or hairdresser unless registered by the Council.

	Mattress-makers and Upholsterers.	Laundries.	Barbers and Hairdressers.
Applications received	20	35	393
Registration certificates issued ...	20	34	373
Registration granted subject to conditions	—	1	19
Registration refused	—	—	1
Applications withdrawn	—	—	—

Hawkers and Pedlars.

The municipal regulations also require annual licences for hawkers and pedlars.

	Hawkers.	Pedlars.
1. Applications received	1784	387
2. Granting of licences recommended (without conditions) ...	926	337
3. Granting of licences recommended (subject to conditions).	858	48
4. Refusal of licences recommended	—	—
5. Number under items 3 and 4 later recommended	681	9
6. Applications withdrawn	—	2

TRADE LICENCES.

The Registration of Business Ordinance, No. 15 of 1953, provides that a certificate must be obtained from the Council before a licence is issued to trade as a general dealer, fresh produce dealer, apothecary, baker, butcher, restaurant (etc.) keeper, hawker, pedlar, motor garage, or mineral water manufacturer or dealer, and further that no application for such certificate shall be considered unless the Medical Officer of Health shall have reported that the premises are fit and suitable for the purpose, and that he knows of no reason why the licence should be refused on the grounds of public health. All applications for certificates are referred by the responsible committee to the Medical Officer of Health for report, and the consequent inspections involve a considerable amount of work on the part of the health inspectors.

The following is an analysis of applications for certificates dealt with during the year:—

	General dealers.	Fresh produce dealers.	Butchers.	Bakers.	Motor garages.	Mineral water dealers.	Mineral water manufacturers.	Apothecary.	Live Stock dealer.
1. Applications received	1169	429	46	4	45	126	3	24	2
2. Granting of licences recommended (without conditions) ..	701	194	19	4	19	116	—	12	—
3. Granting of licences recommended (subject to conditions)	461	231	26	—	25	10	3	12	2
4. Number under item 3 later reported as having complied with conditions ..	342	158	15	—	24	10	—	10	2
5. Refusal of licences recommended ..	2	—	—	—	—	—	—	—	—
6. Applications withdrawn	5	4	1	—	1	—	—	—	—

INSPECTION OF MEAT AND OTHER FOODSTUFFS.

The inspection of meat from animals killed at the municipal abattoir is under the control of the Director and Veterinary Surgeon. No animals may be slaughtered elsewhere in the Municipality, and all meat from animals slaughtered outside the City and brought in for consumption must be deposited at one of the depots appointed by the Council, where it is inspected and stamped.

Butchers' Meat.

The following is a return of meat condemned at the abattoir with diseases discovered:-

Cause.	No. of items.				Portions (Weight).
	Beef.	Mutton.	Veal.	Pork.	
Abscess	3,652	—	6	2	—
Actinomycosis	568	—	—	—	—
Adenitis	1	—	—	—	—
Angiomatosis	85	—	—	—	—
Bladderworm	1,293	—	—	143	—
Botriomycosis	—	—	—	9	—
Bruising	827	88	9	103	36,912
Carcinoma	1	—	—	—	1,919
Caseous lymphadenitis	—	43,151	—	—	446
Cirrhosis	12	806	5	1,032	—
Cysts	96	1,683	11	1,217	—
Emaciation	6	103	1	—	—
Emphysema	1	—	—	—	—
Enteritis	—	1	5	—	—
Fevered	67	40	41	1	—
Flukes	407	2,161	6	—	—
Gangrene	107	8	—	3	—
Haemorrhage	—	1	—	—	—
Hepatitis	2	3	—	—	—
Immaturity	—	—	18	—	—
Inflammation	79	2	18	159	—
Jaundice	5	56	18	2	—
Lumpy skin	17	1	1	—	—
Mastitis	6	—	—	—	—
Metritis	4	2	—	—	—
Moribund	8	62	4	—	—
Necrosis	6	120	—	626	—
Nephritis	—	3	1	—	—
Oedema	19	4	—	—	—
Pericarditis	18	1	—	—	—
Peritonitis	15	4	3	2	—
Pleurisy	2	9	2	6	4,477
Pneumonia	22	198	19	129	—
Putrifaction	1	—	—	—	—
Pyæmia	8	95	10	10	—
Redwater	5	—	—	—	—
Sarcosporidiosis	16	1	—	7	—
Septicaemia	12	2	1	1	—
Stilesia	—	59,969	—	—	—
Strongyles	—	18	—	—	—
Tuberculosis	47	—	2	233	—
Tumours	5	2	—	—	—
Uraemia	—	6	—	—	—
Total	7,420	108,600	181	3,685	43,754

Food Inspection by Health Inspectors.

The following foodstuffs were condemned as unfit for human consumption as the result of ordinary inspections by the health inspectors other than inspectors of imported meat during the year:-

				Weight (lb.)					Weight (lb.)
Meat:					Fruit and Vegetables:				
Turkey .. .. .	..	..	..	6	Apples .. .. .	..	..	..	395
Duck .. .. .	..	..	..	4	Apricots .. .. .	..	..	..	2,370
Fowl .. .. .	..	..	..	4,175	Artichokes .. .. .	..	..	..	105
Rabbits .. .. .	..	..	..	4	Asparagus .. .. .	..	..	..	108
Minced meat .. .. .	..	..	..	12	Avocado pears .. .. .	..	..	..	2,801
Preserved meat .. .. .	..	..	..	501	Bananas .. .. .	..	..	..	11,354
Sausage .. .. .	..	..	..	25	Beans .. .. .	..	..	..	76,618
Fish:					Beetroot .. .. .	..	..	..	859
Fresh fish .. .. .	..	..	..	117	Betel leaves .. .. .	..	..	..	30
Preserved fish .. .. .	..	..	..	1,554	Brussels sprouts .. .. .	..	..	..	1,454
Canned fish .. .. .	..	..	..	1,777	Bringals .. .. .	..	..	..	1,220
					Cabbage .. .. .	..	..	..	16,014
					Carrots .. .. .	..	..	..	6,020

		Weight (lb.)			Weight (lb.)
Fruit and Vegetables: (cont.)			Fruit and Vegetables: (cont.)		
Cauliflower	2,306		Spanspek	1,162	
Celery	5		Spinach	1,808	
Cherries	8		Squash	1,065	
Chillies	56		Tomatoes	11,046	
Cucumber	5,665		Turnips	2,490	
Egg fruit	144		Watercress	50	
Figs	180		Watermelons	95,088	
Grapes	90		Vegetables (frosted)	7,433	
Grape fruit	3,030				
Guavas	265		Other provisions:		
Kale	10		Biscuits	303	
Leeks	40		Canned fruit	825	
Lemons	10,730		Canned fruit juice	206	
Lettuce	8,781		Canned meat	3,317	
Mangoes	3,265		Canned milk	1,162	
Marrows	325		Canned soup	32	
Mealies	180		Canned vegetables	4,373	
Naartjies	347		Cans, unlabelled	234	
Nectarines	100		Condiments	200	
Onions	8,150		Delicacies	557	
Oranges	27,800		Eggs	50	
Parsley	82		Flour	28	
Parsnips	579		Ice cream	16	
Pawpaw	8,521		Jam	289	
Peaches	10,710		Lard	13	
Pears	35,720		Mayonnaise	837	
Peas	3,954		Miscellaneous	106	
Peppers	2,441		Nuts	36	
Pineapples	17,510		Oysters	100	
Plums	2,308		Pickles	926	
Potatoes	14,797		Raisins	25	
Potatoes - sweet	3,509		Salt	29	
Pumpkins	5,192		Sweets	3,190	
Radish	393				
Rhubarb	10				

Consignments of fruit and vegetables received at the early morning market are still being found to be contaminated with various types of insecticidal sprays.

One of the health inspectors spends much of his time at the market, primarily for the purpose of examining and seizing foodstuffs unfit for human consumption. In recent years he has had the added difficulty and responsibility of detecting and investigating commodities which might have been treated with some chemical or poisonous solution. The market agent may sometimes be given the option of washing such consignments, but as suitable facilities for such operations are not provided at the market, the consignment has more often than not had to be destroyed.

It is rather perturbing that farmers in this country should even consider despatching into the city consignments of foodstuffs treated with some chemical known to be toxic to man. It would appear that joint action by the Union Health Department and the Department of Agriculture to obviate such a position is indicated.

One particular pesticide — parathion — was the subject of an official warning by the Department of Agriculture in *Farming in South Africa*, when it was recommended that the utmost caution be exercised during the application or storage of these insecticides, and that fruit and vegetables be not used for at least three weeks after such spraying.

CASES BEFORE THE MAGISTRATES.

The following table gives particulars of cases heard by the magistrates during the calendar year at the instance of the City Health Department. In most of the cases there were two or more separate counts; the counts are not enumerated in the table. In some cases more than one person was summonsed for the same offence; if any one accused was fined or reprimanded the case is recorded in the table accordingly, notwithstanding that the other accused may have been discharged.

Nature of offence.	Number of cases.					Total Fines.
	Total.	Fined.	Reprimanded.	Discharged.	No. of persons summonsed.	
						£ s. d.
Dwelling-house premises in insanitary condition	3	3	—	—	3	11 — —
Insanitary conditions or other offences at food premises	6	5	—	1	7	25 — —
Insanitary conditions or other offences in transport or delivery of milk	7	7	—	—	7	61 10 —
Selling foodstuffs in contravention of the Food, Drugs and Disinfectants Act:						
Milk	14	14	—	—	14	97 10 —
Minced meat	10	10	—	—	10	98 — —
Other foodstuffs	7	7	—	—	8	60 — —
Trading without licence	4	3	1	—	6	43 — —
Total	51	49	1	1	55	396 — —

MUNICIPAL WASHHOUSES.

There are now six washhouses in the Municipality of Cape Town, namely, at Hout Street, Hanover Street, Salt River, Mowbray, Claremont and Wynberg. At each of four washhouses there is a caretaker, at each of two an assistant caretaker, and at one washhouse (Hout Street) there are two caretakers. At the Hanover Street washhouse the washing troughs are supplied with steam, and "hydro-extractor" drying chambers, ironing machines and electric irons are provided. All the others are supplied with cold water only and the drying and bleaching are done in the open air.

The charges for washing and ironing are: for washing 6d. per day and for ironing (including use of electric irons) 2d. per hour at all the washhouses, except the Hanover Street washhouse, where the charges are 1s. per half day and 2s. per full day for washing and ironing (combined).

At Hout Street washhouse there is an installation for hot and cold water shower-baths. The charges for the use of the shower-baths are as follows: adults 3d., children 2d.

The attendances and takings at the washhouses (including ironing rooms) during the year were as follows:—

	Attendances.	Money taken.		
		£	s.	d.
Hout Street	10,077	311	1	4
Hanover Street	10,091	920	19	0
Salt River	4,083	100	19	9
Mowbray	9,785	413	5	4
Claremont	11,286	315	3	0
Wynberg	6,820	228	2	0
	52,142	2,289	10	5

The attendances and takings at the Hout Street shower-baths during the year were as follows:—

	Shower-baths.	
	Attendances.	Money taken.
		£ s. d.
Adults	27,135	339 3 9
Children	1,777	14 16 2
Total	28,912	353 19 11

HOUSING.

The greater part of the Cape Town Municipality consists of houses built of masonry according to the standards of the time of their erection, served by the municipal water supply and water-carriage sewerage, and with well-constructed streets. Most of the dwellings are separate houses built for one family each, detached, semi-detached or in terraces. Private enterprise is to-day making no provision for the housing of the lower income groups owing to the high building costs of erecting such dwellings and have concentrated on the erection of large blocks of flats. Such flat development is taking place all over the municipality, but far and away the most popular suburb for such development is the Sea Point, Three Anchor Bay and Green Point areas. There is a decided danger in the overcrowding of any one area with large flat blocks owing to the danger of ultimate deterioration of both building and inmates and the possibility of slum conditions eventually developing.

If the houses were occupied in the manner originally intended, housing conditions would be mainly satisfactory. The chief factor responsible for slum conditions is the overcrowding caused by the fact that there are not enough houses for the population, itself the result of economic conditions. Houses suitable for one family, and in many cases small even for one large family, are occupied by several families, sometimes to the extent of one family per room. The overcrowded families are naturally mostly from the poorest strata of society, usually (though not invariably) non-European, and often of low social standard. The resulting squalor is increased by decay of the fabric of the houses which such occupation induces.

The same shortage of houses and economic stringency is largely responsible for the other phase of the local housing problem, viz. the occupation of unauthorised and insanitary structures on the Cape Flats fringing Cape Town, often without made roads, water supply or sanitary services and sometimes subject to winter flooding. The Council has ample powers to prohibit such building and occupation, but has not found itself prepared to drive out the occupants from the only shelter available for them.

These housing conditions have been aggravated by the influx of Africans from the territories attracted by the prospect of remunerative employment. Nevertheless they are of old standing. The Director of Census published a statistical report on Coloured housing in Cape Town based on the 1921 census; and the Medical Officer of Health submitted a report in 1924 and 1932 based on a housing survey in central Cape Town, in which the overcrowding and housing shortage were clearly brought out and municipal housing urged as the primary remedy. The matter has since been the subject of repeated consideration by the Council and its committees and officers. Since 1920 up to 1958 the City Council, the Citizens' Housing League Utility Company and, latterly, the Servitas Organisation have completed the erection of over 14,000 dwellings, in addition to the building of Langa African Township.

The Cape Flats Distress Association (Cafda) built 68 pairs of three-roomed semi-detached dwellings at Grassy Park.

The Council erects houses for non-Europeans departmentally. Two building units are functioning with artisans recruited from the building industry and working under conditions of service applicable to that industry. Coloured housing is based on standard plans evolved by the National Housing Commission. New developments in Native housing are in progress at the moment, and one of the building units builds Native houses only, employing Native labour almost exclusively.

The dwellings completed by the City Council in the year under review were as follows:—

	Houses.	Average cost per dwelling.
		£
Factreton (non-European)	302	440
Retreat („)	530	440
Belthorn („)	54	1,000
Riverside (European)	37	1,500

The dwellings completed bring the figures from 1920 to 1958, for public housing operations in Cape Town and suburbs (exclusive of Langa African Township) to the following:—

	European.	Non-European.	Total.
Within Cape Town municipal area:			
City Council	1,131	7,973	9,104
Citizens' Housing League Utility Co.	1,063	28	1,091
Cafda	—	336	336
Servitas	84	—	84
Total	2,278	8,337	10,615
Outside Cape Town municipal area:			
Citizens' Housing League Utility Co.	2,487	718	3,205
Servitas Organisation	—	188	188
Total	2,487	906	3,393

The number of new dwelling houses built during the year in the Municipality as compared with the growth of population is shown in the following table:—

Year.	Estimated increase in population.	Buildings for human habitation completed (dwellings).
1915	3,980	123
1925	5,380	335
1935	6,430	1,937
1945	10,400	870
1955	14,960	2,155
1956	15,620	1,936
1957	15,990	1,704
1958	16,710	2,539

SECTION X.—OTHER SERVICES.

DOMICILIARY MEDICAL SERVICE.

The City Council provides medical attention in their homes for indigent sick persons needing such service. Since 1st April, 1944, the work has been carried out by a permanent medical officer. It is done in co-operation with the District Nursing Organisation of the Cape Provincial Administration. Arrangements for the supply of medicines, etc., are made with local chemists.

The visits made by the medical officer in the year under report were as follows:—

Ward 1	12	Ward 10	102
„ 2	101	„ 11	6
„ 3	166	„ 12	41
„ 4	82	„ 13	20
„ 5	780	„ 14	54
„ 6	102	„ 15	638
„ 7	169	Other visits	23
„ 8	319		
„ 9	154		
		Total	2,769

One half of the cost of medical attention and medicines and the full cost of surgical appliances are refunded to the City Council by the Union Government.

FREE BURIALS.

The Public Health Act places upon the City Council the responsibility for the removal and burial of the body of any destitute person, or any dead body which is unclaimed or of which no responsible person undertakes the burial. The cost falls upon the City Council, although it may be legally recovered from any responsible person who is able to pay. Practically all such burials undertaken by the Council are of the bodies of persons whose relations are unable to pay, and very little is recovered. Each year a contract is given out to an undertaker to carry out this work for the Council. In the year ended 31st December, 1958, the number of such burials was 339.

BOARD OF AID.

Poor relief in the City of Cape Town is administered by the Cape Town General Board of Aid instituted under the Poor Relief and Charitable Institutions Ordinances of 1919 and 1924. The Board consists of nine members, including the Mayor of Cape Town and three members of the City Council.

Its funds are provided by the Department of Social Welfare, supplemented to some extent by voluntary donations. Under section 16 of the Finance Act, No. 27 of 1940, the responsibility of the Provincial Administration in this matter was transferred to the Union Department of Social Welfare as from 1st April, 1940.

The Secretary of the Board of Aid has kindly supplied the following statistics for the calendar year 1958:—

	£	s.	d.
Income from voluntary sources	1,052	2	1
Subsidy from Department of Social Welfare	39,235	8	4
Expenditure on relief, excluding administration costs	15,146	2	3
Number of applications received	2,047	0	0

The Board maintains a hostel in Canterbury Street for Coloured old-age pensioners of both sexes. Accommodation is provided for 105 pensioners. Aged Coloureds are accommodated in the Hostel at £2 10s. 0d. per month inclusive. Recreational facilities and other amenities are provided to make old age as comfortable as possible.

Two day nurseries are maintained by the Board. The Tafelberg Day Nursery in Canterbury Street accommodates 106 Coloured children aged three months to six years. The European nursery in Harrington Street has accommodation for 50 children.

HYDROGEN CYANIDE FUMIGATION.

Under the Hydrogen Cyanide Fumigation Regulations (Government Notices Nos. 804 of 30th April, 1943, and 605 of 13th April, 1945), no person may undertake the fumigation of any "building or premises" with hydrogen cyanide unless he has obtained a certificate of competence from the Union Health Department or a "First Schedule" local authority. Certificates granted by local authorities are subject to confirmation and counter-signature by the Secretary for Health. A certificate may not be issued unless the candidate worked for 12 months as a fumigator prior to 30th April, 1943, or has worked for six months under a certificated fumigator.

In August, 1943, the Medical Officer of Health, Cape Town, was requested and authorised by the Secretary for Health to undertake the examination and certification (subject to the prescribed confirmation), of candidates from areas outside Cape Town not under "First Schedule" authorities.

In the year ended 31st December, 1958, one certificate was issued by the Medical Officer of Health.

DRAINAGE, SEWERAGE AND SCAVENGING.

STORMWATER DRAINAGE.

A great part of the Municipality, being built on the slopes at the foot of the mountain, is well placed for drainage, but on parts of the Flats natural drainage scarcely exists and in the wet season the ground water level over a considerable area is very near the surface. In some portions there is standing water during much of the winter, but this is being gradually overcome by the extension of the drainage system.

The town is sewered on the "separate" system, the stormwater being taken by separate channels to the nearest outfall namely the sea, or the Liesbeek and Black Rivers with their tributaries, which drain the "Southern suburbs" north of Kenilworth and flow into Table Bay as the Salt River. South of Kenilworth the streams discharge into a series of vleis or lakes and thence to the sea.

The Keyser River has now been widened and deepened from Zand Vlei to the Main Road. The canalisation of the Diep River upstream from Little Princess Vlei has now reached the Main Road. A canal providing an outlet from Lange Vlei to the Sand River has also been constructed.

SEWERAGE.

With the exception of a few outlying areas, such as portions of Windermere, Athlone, Crawford, Claremont, Heathfield, Retreat, etc., practically the entire built-up part of the Municipality is provided with water-borne sewerage facilities.

Rapid progress has been made in the construction of the Windermere and Retreat main sewerage schemes. Portions of Windermere, and the Retreat areas, have already been connected to the sewerage system. The Belmead and Rompe Valley Schemes are completed.

The construction of the Clovelly sewerage reticulation and the pumping station structure have been completed. The scheme is in operation.

PAIL CLOSETS.

The City Engineer's Department undertakes the weekly collection of stercus in the outlying unsewered areas, but two removals weekly are effected in the Windermere area, and in certain areas in Plumstead and Retreat. In parts of the Cape Flats this work is carried out with difficulty owing to the lack of roads. On Muizenberg Flats in the sand dunes, animal-drawn sledges have to be used for the work. The work is carried out in the day-time. An initial payment of £1 7s. 6d. is required for the installation of a pail but no charge is made for ordinary removals and renewals. Extra removals are carried out, when necessary, at a charge of 1s. 3d. per removal.

The stercus collected in the district Diep River to Heathfield is buried in trenches on municipal land at Southfield. Elsewhere it is passed in to the sewers at the depositing depots at Camps Bay, Maitland, Kensington, Athlone, Kenilworth and Muizenberg.

In terms of an old agreement, certain owners of properties in the unsewered areas of the old Wynberg Municipality and in Clovelly were permitted to continue using "O'Brien" dry earth closets until such time as they could connect their properties to the drainage system. Most properties in Clovelly have now been connected to the drainage system leaving only about six premises with dry earth closets.

The City Engineer's Department serviced these closets once weekly free of service charge.

The City Engineer's Department also serviced all "O'Brien" installations in other unsewered areas where property owners preferred such dry earth closets to the ordinary sanitary pails. In such cases owners were required to pay an installation fee of £19 10s. 0d. together with a charge of 2s. 6d. for each clearance effected. Temporary installations were also serviced on building sites etc. upon application and payment of prescribed charges.

HOUSE REFUSE REMOVALS.

The removal of house refuse is carried out by the Cleansing Branch of the City Engineer's Department as follows:

In Cape Town proper, every weekday, and on Sunday in certain congested sectors. Sunday services are also carried out at other premises on special payment.

In Green Point and Sea Point four times a week. Hotels and boarding houses, however, have a service every weekday and on Sundays, if required, subject to special payment.

In Woodstock and Salt River (from Cape Town to Station Road, Observatory) four times a week, but every weekday at certain specific business premises.

In the Southern suburbs from Mowbray to Heathfield and in the Maitland ward, three times a week, but with a daily service to certain business premises.

In Windermere two removals weekly.

In Muizenberg-Kalk Bay, four times a week in respect of general properties, but every weekday for hotels, boarding houses and certain business premises. During the summer season refuse removals are executed from hotels on payment of a special charge.

Clifton, Camps Bay and Lakeside three times a week.

Added areas on the Cape Flats, twice a week.

During the year the quantity of refuse removed was 494,452 cubic yards.

In all areas house refuse is disposed of by controlled tipping.

SECTION XI.—STAFF OF CITY HEALTH DEPARTMENT.

The authorised establishment of the City Health Department as at 31st December, 1958, was as follows:—

ADMINISTRATIVE BRANCH.

Medical Officer of Health.
Deputy Medical Officer of Health.
Assistant Deputy Medical Officer of Health.
Administrative Officer.
Assistant Administrative Officer.
Administrative Assistant, Gr. I.
Administrative Assistant, Gr. II.
Clerks, 18.
Junior Clerk.
Senior Secretarial Assistant.
Shorthand Typiste, Gr. II.
Clerk Typiste, Gr. I.
Clerk Typiste, Gr. II.
Head Office Attendant.
Office Attendant.
Driver.
Caretaker/Cleaner.
Labourer.

Pest Control Officers, 4.
Divisional Health Inspectors, 5.
Health Inspectors, 29.
Learner Health Inspectors, 3.
Clerk.
Junior Clerk.
Clerk/Typiste.
Washhouse Caretaker/Fitter.
Washhouse Caretakers, 4.
Assistant Washhouse Caretakers, 3.
Motor Driver.
Stores Yardsman.
Ratcatchers, 26.
Checker.
Fireman/Stoker.
Labourers, 5.
Attendants at Public Sanitary Conveniences, 157.

MILK CONTROL.

HEALTH INSPECTION BRANCH.

Principal Health Inspector.
Assistant Principal Health Inspector.

Veterinary Officer.
Dairy Inspectors, 3.
Laboratory Technician.

MATERNAL & CHILD WELFARE BRANCH.

Maternal & Child Welfare Officer.
 Deputy Maternal & Child Welfare Officer.
 Clinical Medical Officers, 2.
 Principal Health Visitor.
 Assistant Principal Health Visitor.
 Clinic Sister/Health Visitors, 37.
 Clinic Nurses, 4.
 Junior Health Visitors, 9.
 Nursery School Supervisor.
 Nursery School Teacher.
 Junior Nursery School Teachers, 6.
 Senior Social Welfare Visitor.
 Clerk/Typistes, 5.
 Clerk.
 Junior Creche Superintendent.
 Clinic Assistants, 5.
 Laundresses, 3.
 Domestic, 20.
 Children's Helps, 3.
 Drivers, 4.
 Cooking Hands, 16.
 Store/Hand.
 Labourer.
 Night Watchman, 2.

TUBERCULOSIS BRANCH.

Tuberculosis Officer.
 Deputy Tuberculosis Officer.
 Clinical Medical Officers, 2.
 Senior Radiographer.
 Clinic Sister/Health Visitors, 10.
 Clinic Nurses, 5.
 Clerk/Typistes, 2.
 Clerks, 6.
 Junior Clerks, 3.
 Clinic Assistants, 4.
 Domestic.
 Caretaker/Cleaner.
 Labourers, 3.

VENEREAL DISEASE BRANCH.

Venereal Disease Officer.
 Deputy Venereal Disease Officer.
 Clinic Sister.
 Clerk.
 Domestic.
 Labourers, 2.

DENTAL BRANCH.

Principal Dental Officer.
 Deputy Dental Officer.
 Assistant Dental Surgeon.
 Senior Dental Mechanic.
 Dental Mechanics, 4.
 Apprentice Dental Mechanic.
 Clerks, 3.
 Clerk/Typiste.
 Social Welfare Visitor.
 Clinic Assistants, 3.
 Senior Clinic Nurse.
 Dental Nurses, 4.
 Laundress, 2.
 Domestic.
 Caretaker/Cleaner.
 Labourer.

CITY HOSPITAL, INCLUDING AMBULANCE AND
DISINFECTION SERVICES.

Medical Superintendent of Hospitals.
 Deputy Medical Superintendent of Hospitals.
 Resident Medical Officers, 3.
 Junior Resident Medical Officers, 3.
 Matron.
 Assistant Matron.
 Sisters, 20.
 Staff Nurses, 17.
 Student Nurses, 24.
 Nurses, 5.
 Nursing Assistants, 43.
 Nurse Aides, 36.
 Head Male Nurse.
 Male Nurses, 2.

Principal Pharmacist.
 Senior Pharmacist.
 Pharmacists, 3.
 Radiographer.
 Dietician.
 Occupational Therapist.
 Disinfection Officer.
 Ambulance Officer.
 Lady Warden.
 Principal Clerk.
 Clerks, 2.
 Junior Clerk.
 Clerk/Typiste.
 Clinic Assistant.
 Senior Works Foreman.
 Handyman/Electrician.
 Handyman/Carpenter.
 Brush Hand.
 Works Storeman.
 Boiler Attendant.
 Painter.
 Labourers, 17.
 Laundry Supervisor.
 Assistant Laundry Supervisor.
 Laundresses, 40.
 Housekeeper.
 Housemaids, 36.
 Kitchen Supervisors, 2.
 Seamstress, 4.
 Native Male Orderlies, 56.
 Hospital Cooks, 7.
 Senior Telephone Operators, 2.
 Telephone Operator.
 Senior Hospital Porter.
 Hospital Porters, 4.
 Ambulance and Motor Drivers, 6.

BROOKLYN HOSPITAL.

Deputy Medical Superintendent.
 Resident Medical Officers, 4.
 Matron.
 Assistant Matron.
 Sisters, 14.
 Staff Nurses, 29.
 Probationer Nurses, 2.
 Non-European Nurse Aides, 66.
 Non-European Male Nursing Assistant.
 Radiographer.
 Clinic Assistants, 2.
 Occupational Therapist.
 Lady Warden.
 Clerks, 2.
 Senior Works Foreman.
 Unindentured Mason.
 Brush Hand.
 Boiler Attendant.
 Labourers, 15.
 Storekeeper.
 Housekeeper.
 Seamstress.
 Assistant Seamstress.
 Kitchen Supervisor.
 Hospital Cooks, 4.
 Male Orderlies, 70.
 Hospital Porters, 4.
 Senior Telephone Operator.
 Telephone Operators, 2.
 Patrolmen, 3.
 Motor Driver.

LANGA HOSPITAL.

Medical Officer.
 Resident Medical Officer.
 Matron.
 Sister.
 Native Nurses, 6.
 Junior Native Male Nurse.
 Native Male Nursing Assistants, 5.
 Native Midwives, 3.
 Native Male Orderlies, 2.
 Housemaid.
 Domestic.
 Hospital Cooks, 2.

CHANGES IN PERSONNEL.

Mr. B. W. Russell, Principal Health Inspector, retired from the service on superannuation on 26th March, 1958. Mr. Russell joined the service of the Wynberg Municipality in 1924 as Health Inspector, and transferred to this Department on Unification in 1927. He was appointed personal assistant to the Chief Health Inspector on 8th April, 1933, and in due course assumed duty as Chief Inspector on 13th May, 1944. Mr. Russell bore the responsibilities of his office with distinction, and in 1951 was honoured with an invitation from the World Health Organisation to serve as a member of its Expert Advisory Panel on Environmental Sanitation.

Mr. A. J. Farquharson was promoted to Principal Health Inspector on 29th May, 1958.

TABLE A. DEATHS REGISTERED IN 1958 (CLASSIFIED FOR CAUSES, RACE, SEX AND AGE-GROUPS).

(Corrected for inward and outward transfers)

E. — EUROPEAN.

O.—OTHER, or NON-EUROPEAN.

AGE-GROUPS

[illegible]

* Including one adult and eight infant deaths of unknown race or sex.

TABLE B. Deaths Classified for Causes and Race, 1958.

(Corrected)

International Code No.	CAUSE OF DEATH.	European.	Coloured.	African.	Asiatic.	Non-European.	All Races.
001-008	Tuberculosis, respiratory system	33	143	47	1	191	224
010-019	Tuberculosis, other forms	2	35	8	1	44	46
020-029	Syphilis	5	8	5	-	13	18
040	Typhoid fever	-	1	1	-	2	2
045-048	Dysentery	1	4	2	-	6	7
055	Diphtheria	2	4	-	-	4	6
056	Whooping cough	-	6	1	-	7	7
057	Meningococcal infections	1	3	-	-	3	4
080	Acute poliomyelitis	1	1	-	-	1	2
085-086	Measles	4	11	5	-	16	20
	Other diseases classified as infective and parasitic	8	18	2	-	20	28
140-205	Malignant neoplasms	304	183	21	5	209	513
210-239	Benign neoplasms	11	5	-	-	5	16
260	Diabetes mellitus	11	17	-	2	19	30
290-293	Anaemias	2	4	-	-	4	6
330-334	Vascular lesions affecting central nervous system	289	285	15	7	307	596
340	Non-meningococcal infections	1	18	3	1	22	23
400-402	Rheumatic fever	1	1	-	-	1	2
410-416	Chronic rheumatic heart disease	19	40	5	1	46	65
420-422	Arteriosclerotic and degenerative heart disease	545	275	9	18	302	847
430-434	Other diseases of heart	66	38	5	1	44	110
440-443	Hypertension with heart disease	71	132	9	2	143	214
444-447	Hypertension without mention of heart	21	19	2	-	21	42
450-456	Diseases of the arteries	67	34	2	-	36	103
480-483	Influenza	3	4	1	1	6	9
490-493	Pneumonia	49	235	59	4	298	347
500-502	Bronchitis	14	16	2	-	18	32
540-541	Ulcer of stomach and duodenum	9	6	-	-	6	15
550-553	Appendicitis	2	1	-	-	1	3
560, 561, 570	Intestinal obstruction and hernia	17	5	1	1	7	24
571-572	Gastritis, enteritis and colitis	9	427	182	3	612	621
581	Cirrhosis of liver	19	14	-	-	14	33
590-594	Nephritis and nephrosis	31	35	10	2	47	78
610	Hyperplasia of prostate	9	4	-	1	5	14
640-652	Complications of pregnancy and childbirth	-	14	1	-	15	15
670-689	Congenital malformations	22	29	6	4	39	61
750-759	Birth injuries and post-natal asphyxia	14	91	12	5	108	122
760-762	Infections of newborn	1	10	1	1	12	13
763-768	Other infant diseases and immaturity	27	197	35	4	236	263
769-776	Senility and ill defined	29	78	14	1	93	122
780-795	Motor vehicle accidents	25	44	6	2	52	77
810-835	All other accidents	37	86	24	2	112	149
840-965	Suicide	17	9	1	-	10	27
970-979	Homicide	6	31	15	-	46	52
980-999	Other causes	80	129	29	4	162	242
		1,885	2,750	541	74	3,365	5,259*

*Including 9 of unknown race.

TABLE C. Deaths by Cause and Month of Registration, 1958.

(Corrected for Outward Transfers.)

International Code No.	Disease.	Race.	January	February	March	April	May	June	July	August	September	October	November	December	Year
001-008	Tuberculosis of respiratory system	Eur.	5	1	1	2	1	3	1	2	2	4	2	—	24
		Non-E.	13	13	16	19	17	13	19	15	18	14	11	12	179
010-019	Tuberculosis, other forms	Eur.	1	—	—	—	—	—	1	—	—	—	—	—	2
		Non-E.	6	3	2	3	1	1	3	6	6	4	2	4	41
020-029	Syphilis and its sequelae	Eur.	—	—	—	1	—	1	1	—	—	—	—	—	3
		Non-E.	1	—	4	—	1	1	—	1	2	1	1	—	12
040-041	Typhoid fever	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—
		Non-E.	—	1	—	1	—	—	—	—	—	—	—	—	2
055	Diphtheria	Eur.	—	—	1	—	—	—	—	—	1	—	—	—	2
		Non-E.	2	—	—	—	—	—	2	—	—	—	—	—	4
056	Whooping cough	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—
		Non-E.	—	2	—	1	—	1	1	—	—	2	—	—	7
057	Meningococcal infections	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—
		Non-E.	—	—	—	—	—	—	—	1	—	1	1	—	3
080	Acute poliomyelitis	Eur.	1	—	—	—	—	—	—	—	—	—	—	—	1
		Non-E.	1	—	—	—	—	—	—	—	—	—	—	—	1
085-086	Measles and rubella	Eur.	1	3	—	—	—	—	—	—	—	—	—	—	4
		Non-E.	2	3	3	2	1	1	2	1	—	1	—	—	16
140-205	Malignant neoplasms, including neoplasms of lymphatic and haematopoietic tissues	Eur.	21	27	28	26	22	18	26	23	24	26	31	18	290
		Non-E.	16	19	13	22	14	20	19	15	16	15	17	15	201
260	Diabetes	Eur.	—	1	—	—	1	1	—	—	3	2	1	2	11
		Non-E.	1	1	2	1	1	1	3	1	1	4	3	—	19
330-334	Vascular lesions affecting central nervous system	Eur.	14	30	16	19	25	27	31	27	17	24	23	21	274
		Non-E.	27	17	15	29	29	25	32	25	25	29	17	24	294
400-402	Rheumatic fever	Eur.	—	—	—	—	—	—	—	—	1	—	—	—	1
		Non-E.	1	—	—	—	—	—	—	—	—	—	—	—	1
410-416	Cardiovascular diseases	Eur.	41	49	49	48	48	63	59	62	70	46	38	41	614
		Non-E.	35	33	24	33	38	40	31	24	42	31	32	23	386
420-422															
430-434															
440-443	Hypertensive diseases	Eur.	6	8	11	7	5	6	15	9	8	8	4	3	90
		Non-E.	12	14	10	9	13	15	15	13	12	16	21	10	160
444-447															
450-456	Diseases of the arteries	Eur.	4	1	5	4	6	8	4	5	12	3	3	3	58
		Non-E.	2	2	2	3	—	5	5	3	6	1	2	2	33
480-483	Influenza	Eur.	—	—	—	—	—	—	—	1	1	1	—	—	3
		Non-E.	—	—	1	—	1	—	—	2	1	1	—	—	6
490-493	Pneumonia (including pneumonia of the new born)	Eur.	1	1	—	2	4	9	6	6	5	5	1	5	45
		Non-E.	26	21	24	20	25	38	35	25	20	25	26	13	298
763															
500-502	Bronchitis	Eur.	1	—	—	2	3	—	3	2	2	—	—	1	14
		Non-E.	1	1	1	—	3	2	2	—	2	3	2	1	18
571, 764	Gastro-enteritis and colitis (including diarrhoea of the new born)	Eur.	3	1	—	1	1	—	—	2	—	—	—	—	8
		Non-E.	107	105	93	88	49	22	18	16	13	17	30	52	610
590-594	Nephritis	Eur.	3	1	3	2	4	—	5	3	4	2	4	—	31
		Non-E.	4	4	5	3	2	5	4	6	4	3	3	2	45
640-652	Complications of pregnancy, childbirth and the puerperium ..	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—
		Non-E.	—	2	—	1	—	2	—	1	2	3	3	1	15
670-689															
750-759	Congenital malformations	Eur.	3	1	1	2	1	2	3	2	1	2	3	1	22
		Non-E.	3	4	2	3	6	6	1	4	2	2	5	1	39
760-762	Birth injuries, post-natal asphyxia and atelectasis	Eur.	2	2	—	1	2	1	2	1	1	1	1	—	14
		Non-E.	14	3	9	12	6	10	11	6	12	11	4	10	108
765-768	Other diseases peculiar to early infancy and immaturity un-	Eur.	6	1	2	1	1	2	3	—	4	3	—	5	28
	qualified	Non-E.	30	11	15	19	27	11	20	28	19	15	29	24	248
769-776															
780-795	Senility and ill-defined diseases	Eur.	4	—	—	1	2	4	5	2	2	4	1	4	29
		Non-E.	10	12	8	6	13	10	9	6	5	4	2	5	90
E810-E835	Motor vehicle accidents	Eur.	5	1	1	—	—	—	—	1	6	2	6	1	23
		Non-E.	8	2	6	2	2	3	3	7	3	5	1	6	48
E800-E802	All other accidents	Eur.	2	1	4	1	3	1	4	7	1	7	1	1	33
		Non-E.	15	12	4	9	10	2	6	8	3	12	9	7	97
E840-E965															
E970-E979	Suicide	Eur.	3	1	1	—	3	3	—	2	1	3	—	—	17
		Non-E.	—	1	—	1	1	1	—	—	—	2	3	—	9
E980-E985	Homicide	Eur.	—	2	—	—	1	1	—	—	1	—	1	—	6
		Non-E.	6	4	2	2	3	3	4	6	3	4	4	2	43
—	All causes	Eur.	136	144	134	132	145	167	181	171	185	155	136	118	1,804
		Non-E.	369	312	288	315	294	251	258	245	242	242	238	223	3,277

TABLE D.—Death Rates per 1,000 Population for 1958 and Ten Previous Years by Causes and Race.
(Corrected for Outward Transfers.)

Disease.	Race.	1947 — 1948	1948 — 1949	1949 — 1950	1950 — 1951	1951 — 1952	1952 — 1953	1953 — 1954	1954 — 1955	1956.	1957.	Mean for 10 years.	1958.
Enteric fever ..	Eur. Non-E.	0.03 0.04	0.01 0.04	— 0.03	— 0.02	— 0.01	— 0.01	— 0.01	— 0.02	— —	— 0.00	0.00 0.01	— 0.01
Measles ..	Eur. Non-E.	0.01 0.13	— 0.08	0.02 0.13	— 0.06	— —	— 0.07	— 0.06	0.01 0.08	— 0.01	— 0.09	0.00 0.07	0.02 0.05
Scarlet fever ..	Eur. Non-E.	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
Whooping cough ..	Eur. Non-E.	0.03 0.48	0.01 0.08	0.01 0.29	0.01 0.09	0.01 0.10	— 0.07	— 0.03	— 0.08	— 0.00	— 0.06	0.01 0.12	— 0.02
Diphtheria ..	Eur. Non-E.	0.02 0.03	0.02 0.02	0.02 0.04	— 0.04	0.01 —	0.02 0.02	— —	0.01 0.03	— 0.01	0.01 0.02	0.01 0.02	0.01 0.01
Influenza ..	Eur. Non-E.	0.05 0.02	0.02 0.06	0.02 0.04	0.05 0.02	0.02 0.02	0.02 0.03	— 0.03	0.02 0.03	0.01 0.00	0.02 0.04	0.02 0.03	0.02 0.02
Purulent infection—septicaemia, and erysipelas (non- puerperal) ..	Eur. Non-E.	0.01 —	0.02 0.01	0.02 0.02	— —	— 0.02	— 0.01	0.01 0.01	— —	0.01 0.03	0.01 0.01	0.01 0.01	0.01 —
Acute anterior poliomyelitis and polioencephalitis ..	Eur. Non-E.	0.01 —	— —	— —	— —	0.01 —	0.02 —	0.03 —	— —	— 0.02	0.05 0.03	0.01 0.01	0.01 0.00
Acute infectious encephalitis ..	Eur. Non-E.	— —	— —	— —	— 0.01	— —	— —	— 0.003	— 0.003	— 0.02	0.01 0.01	0.00 0.01	0.01 —
Meningococcal cerebrospinal meningitis ..	Eur. Non-E.	0.01 0.04	0.02 0.03	0.03 0.06	0.02 0.05	0.01 0.02	— 0.04	0.01 0.01	0.01 0.02	0.01 0.01	— 0.02	0.01 0.03	0.01 0.01
Tuberculosis, respiratory system ..	Eur. Non-E.	0.56 4.54	0.37 3.82	0.48 3.13	0.39 2.76	0.24 2.49	0.17 1.68	0.20 1.37	0.14 0.91	0.11 0.58	0.13 0.66	0.28 2.02	0.17 0.56
Tuberculosis, other forms ..	Eur. Non-E.	0.11 0.90	0.08 0.87	0.09 0.82	0.07 0.72	0.03 0.48	0.04 0.39	0.04 0.40	0.02 0.30	0.03 0.18	0.02 0.20	0.05 0.49	0.01 0.13
Syphilis ..	Eur. Non-E.	— 0.23	— 0.18	0.02 0.19	0.01 0.12	0.02 0.13	0.01 0.08	— 0.04	— 0.02	0.01 0.03	— 0.03	0.01 0.10	— 0.02
General paralysis of the insane : tabes dorsalis ..	Eur. Non-E.	0.02 0.09	0.01 0.06	— 0.04	0.01 0.04	0.01 0.02	0.01 0.03	— 0.03	0.01 —	0.03 0.02	0.01 0.02	0.01 0.03	0.02 0.01
Aneurysm of the aorta ..	Eur. Non-E.	0.04 0.05	0.02 0.05	0.04 0.04	0.02 0.03	0.02 0.03	0.04 0.02	0.02 0.02	0.02 0.02	0.02 0.01	0.01 —	0.02 0.02	0.01 0.01
Cancer* ..	Eur. Non-E.	1.45 0.73	1.40 0.68	1.40 0.75	1.43 0.67	1.55 0.76	1.46 0.75	1.62 0.79	1.55 0.71	1.61 0.73	1.74 0.62	1.52 0.72	1.56 0.62

TABLE D—Continued.

Disease.	Race.	1947 — 1948	1948 — 1949	1949 — 1950	1950 — 1951	1951 — 1952	1952 — 1953	1953 — 1954.	1954 — 1955.	1956.	1957.	Mean for 10 years.	1958.
Acute rheumatic fever	Eur. Non-E.	— 0.05	0.01 0.05	0.02 0.07	0.02 0.06	0.01 0.04	0.01 0.03	0.01 0.04	0.01 0.02	0.01 0.01	0.01 0.01	0.01 0.03	0.01 0.00
Diabetes	Eur. Non-E.	0.25 0.11	0.17 0.11	0.19 0.11	0.19 0.13	0.19 0.10	0.19 0.14	0.22 0.10	0.14 0.13	0.04 0.03	0.04 0.06	0.16 0.10	0.06 0.06
Intracranial lesions of vascular origin†	Eur. Non-E.	1.08 0.71	0.99 0.75	1.04 0.89	1.27 0.97	1.10 1.01	1.24 0.85	1.06 0.71	1.19 0.84	1.63 0.86	1.33 0.82	1.50	1.48 0.91
Arterio-sclerosis†	Eur. Non-E.	0.33 0.14	0.32 0.27	0.27 0.25	0.35 0.20	0.26 0.29	0.36 0.20	0.33 0.15	0.29 0.16	0.23 0.08	0.30 0.11	1.02	0.30 0.08
Cardiac diseases	Eur. Non-E.	3.10 2.03	2.69 1.64	2.68 1.47	2.79 1.43	3.04 1.66	2.75 1.34	2.78 1.30	2.98 1.38	3.58 1.66	3.45 1.87	2.99 1.57	3.59 1.58
Bronchitis and pneumonia (including pneumonia of the newborn)	Eur. Non-E.	0.36 2.61	0.40 1.80	0.40 1.92	0.31 1.46	0.37 1.30	0.29 1.12	0.43 0.91	0.40 0.98	0.36 0.98	0.32 1.03	0.36 1.35	0.32 0.93
Gastro-enteritis and colitis, except ulcerative (including diarrhoea of the newborn)	Eur. Non-E.	0.13 1.80	0.10 2.22	0.10 1.82	0.11 2.32	0.10 2.51	0.07 2.41	0.05 2.27	0.08 2.46	0.09 1.99	0.09 1.73	0.09 2.15	0.05 1.91
Nephritis	Eur. Non-E.	0.41 0.39	0.39 0.41	0.35 0.28	0.37 0.25	0.28 0.27	0.16 0.24	0.16 0.16	0.13 0.16	0.13 0.13	0.16 0.09	0.25 0.23	0.16 0.14
Puerperal sepsis	Eur. Non-E.	— 0.02	0.01 —	— —	0.01 0.01	— 0.02	— 0.01	0.01 0.03	0.01 0.01	0.01 0.01	— 0.02	0.00 0.01	— 0.01
Other diseases of pregnancy, childbirth, and puerperal state	Eur. Non-E.	0.02 0.05	0.02 0.09	0.01 0.04	— 0.05	0.01 0.04	0.01 0.06	0.02 0.04	0.02 0.07	— 0.04	0.01 0.06	0.01 0.05	— 0.03
Congenital malformations and diseases of early infancy	Eur. Non-E.	0.46 1.58	0.36 1.51	0.35 1.32	0.30 1.26	0.42 1.33	0.30 1.26	0.44 1.26	0.19 0.92	0.36 1.22	0.35 1.13	0.36 1.28	0.32 1.25
Senility	Eur. Non-E.	0.15 0.10	0.13 0.06	0.14 0.06	0.13 0.03	0.19 0.08	0.15 0.02	0.18 0.06	0.12 0.03	0.14 0.02	0.16 0.02	0.15 0.04	0.09 0.02
Accidents, poisonings and violence (external cause)	Eur. Non-E.	0.59 0.62	0.45 0.62	0.52 0.66	0.43 0.58	0.47 0.61	0.40 0.57	0.41 0.62	0.37 0.57	0.42 0.60	0.53 0.65	0.46 0.61	0.44 0.65
Other causes	Eur. Non-E.	1.32 1.51	1.61 1.88	1.49 1.96	1.28 1.58	1.52 1.63	1.64 1.70	1.35 1.79	1.44 1.57	1.19 1.09	1.22 1.19	1.39 1.54	1.02 1.01
TOTAL	Eur. Non-E.	10.52 19.04	9.60 17.38	9.68 16.44	9.55 14.97	9.88 14.99	9.33 13.12	9.37 12.25	9.15 11.52	10.00 10.34	9.96 10.60	9.71 13.68	9.65 9.93

†There has been some variation in the allocation of deaths as between these two causes for the years 1944-45—1952-53.
‡Including deaths from Hodgkin's disease, leukaemia and aleukaemia in the year 1953-54, in accordance with the new International Classification List of Causes of Death.

TABLE E. Deaths of Infants under 1 Year of Age, Classified by Cause and Age, 1958.

(Corrected)

International Code No.	DISEASE.	RACE.	Under 1 day.	Under 2 days.	Under 3 days.	Under 4 days.	Under 5 days.	Under 6 days.	Under 7 days.	Total under 1 week.	Under 2 weeks.	Under 3 weeks.	Under 4 weeks.	Total under 4 weeks.	Under 2 months.	Under 3 months.	Under 4 months.	Under 5 months.	Under 6 months.	Under 7 months.	Under 8 months.	Under 9 months.	Under 10 months.	Under 11 months.	Under 12 months.	TOTAL under one year.			LANGA AFRICAN TOWNSHIP.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																														
			1	2	3	4	5	6	7	1	2	3	4	5	6	7	8	9	10	11	12	M.	F.	Per- sons.	M.	F.	Per- sons.	M.	F.	Per- sons.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
010	Tuberculosis, meningeal	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

*Including 8 of unknown race.

TABLE E1. Deaths of Infants under 1 Year of Age, Classified by Cause and Month of Registration, 1958.

(Corrected)

International Code No.	DISEASE.	RACE.	January.	February.	March.	First Quarter.	April.	May.	June.	Second Quarter.	July.	August.	September.	Third Quarter.	October.	November.	December.	Fourth Quarter.	YEAR.	Percentage total deaths.	Rate per 1,000 live births.
010	Tuberculosis, meningeal	Eur. Non-E.	—	1	—	1	—	—	—	—	—	—	1	1	1	—	—	1	3	—	0.3
011	Tuberculosis, abdominal	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
001-008	Tuberculosis, other forms	Eur. Non-E.	1	1	1	3	—	—	—	—	2	1	1	4	—	—	—	—	7	—	0.6
020	Syphilis, congenital	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	1	—	0.1
055	Diphtheria	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
056	Whooping cough	Eur. Non-E.	—	2	—	2	1	—	1	2	—	—	—	—	—	—	—	—	4	—	0.3
085-086	Measles and rubella	Eur. Non-E.	1	2	—	3	1	1	—	2	2	—	—	2	1	—	—	1	8	—	0.7
050	Scarlet fever	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
283	Rickets	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	0.1
340	Simple meningitis	Eur. Non-E.	—	—	2	2	1	—	—	1	—	1	1	2	—	—	1	1	6	—	0.5
500-502	Bronchitis	Eur. Non-E.	1	1	—	2	—	1	1	2	1	—	1	1	—	—	—	—	—	—	0.3
490-493 763	Pneumonia (all forms)	Eur. Non-E.	15	12	13	40	9	17	5	6	25	13	11	49	17	18	2	4	15	17.6	4.1
571,764	Diarrhoea and enteritis	Eur. Non-E.	79	71	74	224	59	30	14	103	17	13	13	43	15	21	46	82	452	1.2	0.3
750-759	Congenital malformations	Eur. Non-E.	3	1	1	5	2	1	1	4	3	2	1	6	2	3	1	6	21	24.7	5.7
760-761	Injury at birth	Eur. Non-E.	2	1	—	3	1	—	—	1	1	1	1	3	1	—	—	1	8	9.4	2.2
774-776	Immaturity	Eur. Non-E.	5	1	2	8	16	22	2	4	3	—	4	7	2	24	3	5	24	28.2	6.5
762 765-773	Other diseases peculiar to early infancy	Eur. Non-E.	1	1	—	2	—	2	1	3	1	—	—	1	8	1	2	4	10	11.8	2.7
E924-E925	Accidental mechanical suffocation	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
E926	Lack of care	Eur. Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	Other and ill-defined or unknown causes	Eur. Non-E.	—	1	1	2	1	—	—	1	—	—	1	1	—	—	1	1	5	5.9	1.3
		Eur. Non-E.	11	5	4	20	5	6	9	20	10	6	8	24	8	4	9	21	85	100	23.1
		Eur. Non-E.	151	121	124	396	113	96	73	282	87	71	65	223	64	82	89	235	1,136	100	97.6
	Totals	All Races	162	126	128	416	118	102	82	302	97	77	73	247	72	86	98	256	1,221	—	—

TABLE F. Deaths of Infants under 1 Year of Age, Classified by Legitimacy, 1958.

(Corrected.)

	Place of Death.	All infants.				Legitimate.				Illegitimate.				No statement.	
		Neo-natal.		Post neo-natal.		Neo-natal.		Post neo-natal.		Neo-natal.		Post neo-natal.		Neo-natal.	Post neo-natal.
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.				
European	Hospital	36	20	10	8	34	20	9	8	2	—	1	—	—	—
	Domiciliary	2	2	5	2	2	—	5	2	—	2	—	—	—	—
Coloured	Hospital	129	125	68	58	87	78	39	39	39	45	25	15	5	8
	Domiciliary	75	38	165	194	53	22	106	108	22	15	51	68	1	26
African	Hospital	20	24	37	22	15	14	20	10	3	8	6	7	4	16
	Domiciliary	9	9	66	72	5	4	46	49	3	3	9	11	3	23
Asiatic	Hospital	3	3	1	2	3	3	1	2	—	—	—	—	—	—
	Domiciliary	4	2	4	1	4	2	4	1	—	—	—	—	—	—
Non-European	Hospital	152	152	106	82	105	95	60	51	42	53	31	22	9	24
	Domiciliary	88	49	235	267	62	28	156	158	25	18	60	79	4	49
All races	Hospital	188	172	116	90	139	115	69	59	44	53	32	22	9	24
	Domiciliary	90	51	240	269	64	28	161	160	25	20	60	79	4	49

TABLE G. Registered Births and Still-Births for the year 1958, classified in wards as to Race, Legitimacy and Percentage of Total Births in Institutions.
(Corrected)

Wards.	EUROPEAN.						NON-EUROPEAN.						TOTALS.				STILL-BIRTHS.				Percentage of total births, including still-births, occurring in institutions.																																																																																																																																																																																																																																																																																																																																																																																																																								
	Legitimate.			Illegitimate.			Total.			Legitimate.			Illegitimate.			Total.			European.				Non-European.																																																																																																																																																																																																																																																																																																																																																																																																																						
	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.	Fe-males.	Males.</

* Including 8 of unknown race.

TABLE H. Births in Institutions, 1958.

LIVE-BIRTHS.

Institution.	Total Live-births.		Live-births belonging to Cape Town.		Live-births not belonging to Cape Town (outward transfers).	
	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.
Peninsula Maternity Hospital	417	1,851	348	1,596	69	255
Somerset Hospital	—	1,937	—	1,463	—	474
Salvation Army Maternity Home	—	1,409	—	1,188	—	221
St. Joseph's Sanatorium	1,315	—	750	—	565	—
St. Monica's Home	—	1,043	—	862	—	181
Mowbray Maternity Hospital	961	1	718	1	243	—
Booth Memorial Hospital	546	—	475	—	71	—
Kingsbury Nursing Home	467	—	350	—	117	—
Delherbe Nursing Home	369	—	336	—	33	—
Military Hospital	238	—	155	—	83	—
Magdalena Huis	80	—	14	—	66	—
House of Correction	—	21	—	9	—	12
Groote Schuur Hospital	2	7	2	6	—	1
Other institutions	—	4	—	4	—	—
Total	4,395	6,273	3,148	5,129	1,247	1,144

STILL-BIRTHS.

Institution.	Total Still-births.		Still-births belonging to Cape Town.		Still-births not belonging to Cape Town (outward transfers).	
	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.
Somerset Hospital	—	116	—	89	—	27
Peninsula Maternity Hospital	10	87	7	74	3	13
St. Monica's Home	—	37	—	30	—	7
Salvation Army Maternity Home	—	18	—	15	—	3
Mowbray Maternity Hospital	18	—	11	—	7	—
St. Joseph's Sanatorium	23	—	15	—	8	—
Kingsbury Nursing Home	3	—	1	—	2	—
Booth Memorial Hospital	4	—	2	—	2	—
Delherbe Nursing Home	3	—	3	—	—	—
Military Hospital	4	—	2	—	2	—
Magdalena Huis	2	—	1	—	1	—
Other institutions	—	3	—	1	—	2
Total	67	261	42	209	25	52

TABLE I. Populations and Vital Statistics for the separate Wards of the City, 1958.

(Corrected.)

WARDS.	Calculated Populations on the 30th June, 1958.			Births.		Birth rates per 1,000 Persons.		Illegitimate Births.		Illegitimate births, percentage of total births.		Deaths.		Death rates per 1,000 Persons.		Natural Increase Excess of births over deaths.		Natural Increase rates per 1,000 Persons.		Deaths under 1 year of age.		Infant Mortality (per 1,000 Births).		Deaths from Tuberculosis (all forms).		Death rates from Tuberculosis (all forms) per 1,000 Persons.	
	Eur.	Non-Eur.	Total.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.
1	15,570	5,320	20,890	246	41	15.8	7.7	6	25	2.4	61	178	12	11.4	2.3	68	29	4.4	5.5	4	—	16	—	2	—	0.13	—
2	13,080	9,160	22,240	210	162	16.1	17.7	4	50	1.9	31	132	59	10.1	6.4	78	103	6.0	11.2	6	13	29	80	1	8	0.08	0.87
3	9,750	18,610	28,360	213	538	21.8	28.9	8	138	3.8	26	93	111	9.5	6.0	120	427	12.3	22.9	4	33	19	61	—	4	—	0.21
4	17,490	4,860	22,350	274	59	15.7	12.1	11	24	4.0	41	171	16	9.8	3.3	103	43	5.9	8.8	4	2	15	34	2	2	0.11	0.41
5	9,190	37,620	46,810	223	1,002	24.3	26.6	8	253	3.6	25	77	298	8.4	7.9	146	704	15.9	18.7	8	91	36	91	1	23	0.11	0.61
6	6,400	38,550	44,950	71	1,039	11.1	27.0	7	237	9.9	23	51	290	8.0	7.5	20	749	3.1	19.4	4	93	56	90	2	14	0.31	0.36
7	14,240	18,540	32,780	227	565	15.9	30.5	15	98	6.6	17	94	129	6.6	7.0	133	436	9.3	23.5	8	36	35	64	3	6	0.21	0.32
8	17,860	45,930	63,790	380	2,144	21.3	46.7	15	641	3.9	30	161	822	9.0	17.9	219	1,322	12.3	28.8	9	360	24	168	4	75	0.22	1.63
9	19,450	11,490	30,940	301	138	15.5	12.0	43	29	14.3	21	199	37	10.2	3.2	102	101	5.2	8.8	13	6	43	43	6	4	0.31	0.35
10	5,430	49,780	55,210	116	3,026	21.4	60.8	3	567	2.6	19	38	694	7.0	13.9	78	2,332	14.4	46.8	5	219	43	72	—	47	—	0.94
11	14,200	9,380	23,580	251	137	17.7	14.6	6	25	2.4	18	159	38	11.2	4.1	92	99	6.5	10.6	2	7	8	51	3	4	0.21	0.43
12	13,790	18,400	32,190	276	453	20.0	24.6	6	110	2.2	24	129	96	9.4	5.2	147	357	10.7	19.4	5	27	18	60	1	3	0.07	0.16
13	11,720	17,100	28,820	239	337	20.4	19.7	2	77	0.8	23	136	106	11.6	6.2	103	231	8.8	13.5	4	25	17	74	3	4	0.26	0.23
14	14,200	19,350	33,550	370	567	26.1	29.3	6	115	1.6	20	142	212	10.0	11.0	228	355	16.1	18.3	6	65	16	115	2	14	0.14	0.72
15	11,430	33,440	44,870	280	1,423	24.5	42.6	8	358	2.9	25	124	417	10.8	12.5	156	1,006	13.6	30.1	3	158	11	111	5	22	0.44	0.66
Not allocated ..	—	13	—	—	10	—	—	—	—	—	—	1	28	—	—	—	—	—	—	—	—	—	—	—	5	—	—
City of Cape Town*	195,310	338,910	534,220	3,677	11,644	18.8	34.4	148	2,757	4.0	24	1,885	3,365	9.7	9.9	1,792	8,279	9.2	24.4	85	1,136	23	98	35	235	0.18	0.69

* Exclusive of all figures relating to the Langa African Township, but inclusive of population in the harbour and shipping and residents enumerated on trains.

TABLE J. Births, Deaths, Natural Increase, and Infant Deaths, and corresponding rates, for the year 1958.

Race.	Births.		Deaths.		Natural increase.		Deaths under one year old.	
	Number.	Rate.	Number.	Rate.	Number.	Rate.	Number.	Rate.
Europeans:								
uncorrected	4,908	25.1	2,237	11.5	—	—	146	30
corrected for outward transfers	3,652	18.7	1,804	9.2	—	—	85	23
corrected for outward and inward transfers	3,677	18.8	1,885	9.7	1,792	9.2	85	23
Coloured:								
uncorrected	10,871	38.0	3,219	11.2	—	—	1,056	97
corrected for outward transfers	9,965	34.8	2,675	9.3	—	—	852	86
corrected for outward and inward transfers	9,971	34.8	2,750	9.6	7,221	25.2	854	86
Africans (not Langa):								
uncorrected	1,650	36.8	709	15.8	—	—	331	201
corrected for outward transfers	1,371	30.5	528	11.8	—	—	259	189
corrected for outward and inward transfers	1,371	30.5	541	12.1	830	18.5	262	191
Asiatics:								
uncorrected	310	39.4	83	10.5	—	—	24	77
corrected for outward transfers	302	38.4	74	9.4	—	—	20	66
corrected for outward and inward transfers	302	38.4	74	9.4	228	29.0	20	66
All non-Europeans:								
uncorrected	12,831	37.9	4,011	11.8	—	—	1,411	110
corrected for outward transfers	11,638	34.3	3,277	9.7	—	—	1,131	97
corrected for outward and inward transfers	11,644	34.4	3,365	9.9	8,279	24.4	1,136	98
All races:								
uncorrected	17,747	33.2	6,257*	11.7	—	—	1,565	88
corrected for outward transfers	15,298	28.6	5,090	9.5	—	—	1,224	80
corrected for outward and inward transfers	15,329	28.7	5,259	9.8	10,070	18.8	1,229	80
Africans resident at Langa Township	235	9.8	160	6.7	75	3.1	43	183

* Including 8 of unknown race.
 † Including 9 of unknown race.
 All rates are per 1,000 population except the infant mortality rate, which is expressed per 1,000 live-births.

TABLE K.—Infant Mortality Rates per 1,000 Births by Causes.
(Corrected)

INFANTS UNDER ONE YEAR OF AGE.

Period.	Common infectious diseases.		Tuberculous diseases.		Syphilis.		Bronchitis and pneumonia.		Diarrhea and enteritis.		Developmental diseases.		Miscellaneous diseases (remainder).		Total mortality (all causes).	
	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.
Quinquennium																
1910-1917 to																
1920-1921 ..	3.3	0.0	1.7	2.2	1.1	0.0	12.3	55.1	28.1	58.7	29.0	47.2	15.2	32.1	00.8	211.7
1921-1922 to																
1925-1926 ..	2.4	4.0	0.0	2.4	1.0	8.7	9.0	53.4	23.0	54.4	23.0	39.7	11.3	22.8	71.0	181.0
1926-1927 to																
1930-1931 ..	3.2	4.3	1.1	4.3	1.7	11.0	10.8	47.2	14.0	40.7	22.1	37.6	0.3	18.0	62.7	160.4
1931-1932 to																
1935-1936 ..	2.0	5.5	1.1	4.4	0.8	10.0	7.4	41.3	11.0	30.0	20.0	31.0	7.5	13.0	40.0	147.2
1936-1937 to																
1940-1941 ..	1.0	3.0	0.8	4.0	0.4	0.2	5.0	35.0	5.8	20.5	18.0	29.5	0.0	14.5	41.3	122.0
1941-1942 to																
1945-1946 ..	0.8	3.3	0.0	8.0	0.8	4.7	3.7	32.0	0.7	37.0	18.0	31.0	0.0	12.0	87.0	130.7
1946-1947 to																
1950-1951 ..	0.5	2.8	0.8	8.7	—	2.5	2.8	22.5	3.8	30.5	15.8	28.0	5.0	13.2	20.0	109.1
1951-1952 to																
1956.. ..	0.1	1.0	0.2	4.2	—	0.5	2.3	15.1	2.3	42.0	15.0	25.8	5.1	14.2	25.0	103.0
Year.																
1951-1952 ..	0.3	1.2	—	0.0	—	0.0	2.7	17.2	2.7	40.0	18.8	27.2	4.4	12.0	28.8	106.3
1952-1953 ..	—	1.1	0.0	4.8	—	0.7	1.4	13.3	2.0	41.0	13.0	20.1	3.7	13.5	21.3	101.4
1953-1954 ..	—	0.8	0.3	4.8	—	0.3	4.0	13.0	1.7	41.0	15.0	22.5	7.5	17.5	30.4	100.5
1954-1955 ..	—	1.0	0.3	3.3	—	0.3	1.5	15.5	1.8	45.4	14.0	22.1	3.0	12.4	21.5	100.8
1956.. ..	—	0.2	—	2.0	—	0.2	1.1	14.8	3.1	42.2	14.8	29.2	5.0	13.8	24.5	101.0
1957.. ..	—	2.1	—	2.7	—	0.4	2.0	15.1	1.4	35.1	14.0	24.5	6.2	15.4	23.5	95.3
1958 ..	—	1.0	—	0.9	—	0.1	4.4	15.7	0.3	38.8	13.9	24.3	4.6	16.7	23.1	97.6

* Year of influenza epidemic 1918-1919 excluded (mean of other 4 years of quinquennium shown).
City extended by incorporation of Wynberg 1927-1928 and Windermere (Ward 8), 1943-44.

INFANTS FROM 1 TO 2 YEARS OF AGE.*

Period.	Common infectious diseases.		Tuberculous diseases.		Syphilis.		Bronchitis and pneumonia.		Diarrhea and enteritis.		Developmental diseases.		Miscellaneous diseases (remainder).		Total mortality (all causes).	
	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.
Quinquennium																
1926-1927 to																
1930-1931 ..	2.8	0.4	1.1	6.0	—	1.1	3.3	28.0	4.8	24.3	0.3	0.0	2.0	8.0	15.2	70.7
1931-1932 to																
1935-1936 ..	2.1	0.2	0.0	7.5	—	2.1	3.7	24.8	2.5	10.2	0.2	0.4	3.0	7.3	12.4	67.4
1936-1937 to																
1940-1941 ..	0.7	5.1	1.2	7.3	0.1	0.0	2.0	22.4	2.1	15.0	0.2	0.4	2.0	6.0	0.5	58.8
1941-1942 to																
1945-1946 ..	0.9	3.0	0.9	14.1	—	0.0	0.0	10.3	1.6	20.0	0.2	0.4	1.3	5.7	5.8	65.2
1946-1947 to																
1950-1951 ..	0.3	3.0	0.7	12.7	—	0.0	0.0	0.0	0.0	13.3	—	0.1	0.8	4.1	3.0	44.0
1951-1952 to																
1956.. ..	0.4	1.1	0.5	0.1	—	0.1	0.4	4.0	0.0	17.3	0.2	0.2	1.1	4.3	3.1	33.8
Year																
1951-1952 ..	0.3	0.8	0.0	0.3	—	0.3	0.0	5.0	0.0	10.1	—	0.1	2.4	4.0	5.2	30.0
1952-1953 ..	0.0	1.0	0.0	0.3	—	—	0.0	4.7	0.0	18.3	0.3	—	0.0	4.0	3.3	35.5
1953-1954 ..	—	1.0	1.2	5.0	—	—	0.3	3.0	0.0	15.8	—	0.3	1.2	3.1	3.2	30.1
1954-1955 ..	0.3	2.3	—	5.8	—	0.1	—	4.3	0.3	19.1	0.0	0.3	0.0	4.8	2.1	30.7
1956.. ..	—	0.3	—	3.5	—	—	—	4.0	0.0	14.3	0.3	0.4	0.3	4.8	1.2	27.0
1957.. ..	—	1.7	—	3.2	—	—	0.0	5.0	—	11.4	0.0	0.4	1.4	6.3	3.1	28.0
1958 ..	0.3	1.0	—	2.9	—	0.1	0.9	3.9	0.3	11.2	—	0.2	1.4	5.6	2.9	25.0

* The rate for the year is calculated on the births (less the deaths under one year) in the previous year.

TABLE L.—Estimated Populations and Vital Statistic Rates since 1913.

Periods.	Estimated Populations.			Birth rates.			Illegitimate births percentage of total births.			Death rates corrected for outward transfers.			Natural increase rates.			Infant mortality rates.			European rates corrected for inward and outward transfers.			Enteric fever death rates, corrected for outward transfers.			Tuberculosis (all forms) death rates corrected for outward transfers.			
	Eur.	Non-Eur.	Total.	Eur.	Non-Eur.	Total.	Eur.	Non-Eur.	Total.	Eur.	Non-Eur.	Total.	Eur.	Non-Eur.	Total.	Birth rates.	Death rates.	Natural increase rates.	Infant Mortality rates.	Eur.	Non-Eur.	Total.	Eur.	Non-Eur.	Total.			
1913-1914 to ..	—	—	—	28.97	47.23	37.85	6.99	25.83	18.41	12.04	27.15	19.39	15.34	18.67	16.96	95.07	218.61	170.18	—	0.19	0.32	0.25	1.04	4.69	2.82			
1915-1916	—	—	—	26.71	47.54	36.33	6.52	25.12	17.77	11.95	29.54	20.07	12.74	16.04	14.26	90.84	211.71	164.02	—	0.23	0.47	0.34	0.89	4.47	2.53			
1916-1917 to ..	—	—	—	21.49	49.59	34.23	5.35	24.76	18.12	10.11	26.67	17.62	11.38	22.92	16.61	71.91	181.58	144.15	—	0.13	0.23	0.20	0.79	4.09	2.28			
1920-1921	—	—	—	21.43	50.21	34.93	5.50	23.10	17.37	10.52	26.17	17.86	10.91	24.04	17.07	62.77	169.35	134.67	—	0.08	0.21	0.14	0.74	4.75	2.62			
1925-1926	—	—	—	18.17	48.90	32.84	4.96	22.55	17.47	10.31	23.95	16.82	7.86	24.95	16.02	49.64	147.16	119.01	18.39	10.57	7.82	49.57	0.04	0.08	0.06	0.84	4.99	2.82
1930-1931	—	—	—	18.72	46.91	32.63	4.93	21.86	16.93	10.07	21.25	15.58	8.65	25.66	17.05	41.25	122.89	93.17	18.96	10.46	8.50	40.95	0.01	0.05	0.03	0.78	4.55	2.62
1935-1936	—	—	—	20.82	43.51	32.44	3.82	22.96	17.04	10.25	22.47	16.52	10.57	21.04	15.92	37.87	130.68	102.08	21.18	10.70	10.48	38.29	0.02	0.07	0.04	0.72	6.06	3.45
1940-1941	—	—	—	19.92	43.26	32.60	2.95	23.65	17.91	9.76	17.20	13.82	10.16	26.06	18.78	29.59	109.12	87.34	20.43	10.09	10.34	29.32	0.01	0.05	0.03	0.57	4.50	2.71
1945-1946	—	—	—	18.2	37.8	29.8	3.2	24.5	19.2	9.6	12.3	11.2	8.6	25.5	18.6	25.3	102.4	83.5	—	—	0.0	0.0	0.0	0.2	1.7	1.1		
1950-1951	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1951-1952 to ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1956	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1957	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1958	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1959	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1960	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1961	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1962	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1963	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1964	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1965	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1966	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1967	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1968	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1969	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1970	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1971	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1972	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1973	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1974	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1975	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1976	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1977	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1978	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1979	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1980	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1981	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1982	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1983	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1984	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1985	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—										

TABLE M. Vital Statistic Rates for Various Centres.
(Corrected for outward transfers.)

Centre.	Birth rate.					Death rate.					Infant mortality rate.					All forms of tuberculosis: death rate.				
	E	N	A	C	NE	E	N	A	C	NE	E	N	A	C	NE	E	N	A	C	NE
Benoni	23.8	29.4	49.5	37.6	27.3	7.5	21.4	12.6	15.9	18.1	34.4	339.6	106.5	114.1	317.5	0.03	0.66	0.00	0.20	0.57
Grahamstown	15.5	37.5	13.2	53.4		13.2	18.8	3.3	16.2		29.6	186.6	250.0	116.2						
Cape Town	18.8	30.5	38.4	34.8	34.4	9.65	12.05	9.40	9.61	9.93	23.1	191.1	66.2	85.6	97.6	0.18	1.23	0.25	0.62	0.69
Durban	21.0		29.6	39.5		9.43	18.92	7.37	8.48		28.6	275.1	67.7	48.4		0.09	1.44	0.22	0.40	
East London	23.9	29.3	22.8	36.0		10.2	20.4	9.0	17.6		20.0	360.6	—	160.6		0.2	1.7	1.6	1.7	
Kimberley	24.6	47.3		31.1		7.6	14.1		12.1		24.7	79.6		109.6		0.0	0.67		0.27	
King William's Town	16.7	15.4	29.2	38.2		8.9	7.4	7.3	15.0		25.9	205.5		139.2		—	0.63		1.45	
Krugersdorp	26.1	17.9	25.5	44.3		6.8	9.7	6.7	17.1		25.1	175.4	87.0	107.2		0.06	0.26	—	0.95	
Johannesburg	24.3	33.6	34.6	36.5		8.4	12.5	7.5	11.2		25.1	132.7	48.7	63.3		0.1	0.8	0.2	0.8	
Pietermaritzburg	20.8	22.7	26.3	43.4		9.1	9.2	4.9	5.2		21.3	158.4	33.4	23.1		0.05	0.5	0.3	—	
Roodepoort-Maraiburg	23.6	30.2	28.5	26.8	29.8	5.0	13.6	3.9	13.2	9.5	13.0	198.8	81.1	152.5	189.5	0.05	0.32	—	—	0.33
Port Elizabeth	25.9	29.3	23.6	41.3		7.38	16.0	7.11	15.53		32.7	269.8	35.4	131.1		0.18	1.79	0.00	1.74	
Pretoria	25.6	36.6	33.0	18.7	35.8	6.7	10.7	7.1	7.4	10.4	24.6	113.5	—	—	111.5	0.03	0.2	0.1	0.3	0.2
Union of South Africa (1957)	24.8		31.3	45.7		8.5		8.9	16.3		29.1		67.6	126.7		0.06	1.12	0.64	1.37	
England and Wales (1957)	16.1					11.5					23					0.11				
County of London (1957)	14.7					10.8					20					0.13				

TABLE N. Notification of Infectious Disease Classified for Month of Notification, 1958.

E. — European. O. — Non-European.

Period.	Tuberculosis respiratory system.			Tuberculosis other forms.			Enteric fever.			Diphtheria.			Scarlet fever.			Erysipelas.			Cerebrospinal fever.			Infective encephalitis.			Acute poliomyelitis.		
	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.			
January ..	17	131	148	1	16	17	—	5	5	—	3	5	4	1	5	1	—	1	1	2	3	1	1	8	9		
February ..	11	120	131	—	14	14	—	3	5	—	1	10	7	3	10	1	—	1	—	1	2	1	2	—	2		
March ..	11	129	140	—	8	9	—	8	2	—	1	11	11	1	11	—	—	—	—	2	1	—	—	1			
April ..	17	120	137	—	9	9	—	12	3	—	2	12	11	—	14	—	—	—	—	1	—	—	—	—			
May ..	12	117	129	—	2	2	—	3	5	—	1	10	9	—	13	—	—	—	—	—	—	—	—	—			
June ..	7	92	99	—	11	12	—	2	7	—	2	10	7	—	11	—	—	—	—	—	—	—	—	—			
July ..	9	133	142	—	9	9	—	2	3	—	2	5	10	1	7	—	—	—	—	—	—	—	—	—			
August ..	8	126	134	—	8	10	—	4	7	—	4	6	7	—	7	—	—	—	—	—	—	—	—	—			
September ..	17	102	119	—	13	13	—	1	11	—	4	6	—	1	7	—	—	—	—	—	—	—	—	—			
October ..	14	128	142	—	9	9	—	4	5	—	4	4	3	—	4	—	—	—	—	—	—	—	—	—			
November ..	20	114	134	—	7	8	—	—	6	—	—	4	3	—	6	—	—	—	—	—	—	—	—	—			
December ..	15	100	115	—	5	5	—	3	4	—	—	3	3	1	4	—	—	—	—	—	—	—	—	—			
Year ..	148	1,412	1,560	6	111	117	2	44	76	22	54	87	16	103	119	2	2	4	3	22	25	2	8	10	7	20	27

Period.	Ophthalmia.			Puerperal fever.			Leprosy.			Trachoma.			Malta fever.			Whooping cough.			Total.		
	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.
January ..	3	38	41	—	1	1	—	—	—	—	—	—	—	—	—	4	41	45	33	248	281
February ..	5	46	51	—	1	1	—	—	—	—	—	—	—	—	—	2	21	23	31	212	243
March ..	3	49	52	—	—	—	—	—	—	—	—	—	—	—	—	2	12	14	29	211	240
April ..	2	42	44	—	—	—	—	—	—	—	—	—	—	—	—	2	29	31	24	220	244
May ..	—	35	35	—	—	—	—	—	—	—	—	—	—	—	—	5	14	19	32	180	212
June ..	3	36	39	—	2	2	—	—	—	—	—	—	—	—	—	—	10	10	23	170	193
July ..	—	46	46	—	—	—	—	—	—	—	—	—	—	—	—	—	10	11	24	208	232
August ..	—	36	36	—	—	—	—	—	—	—	—	—	—	—	—	—	15	15	19	199	218
September ..	—	36	36	—	—	—	—	—	—	—	—	—	—	—	—	—	17	17	29	174	203
October ..	—	43	43	—	—	—	—	—	—	—	—	—	—	—	—	—	12	12	29	204	233
November ..	1	45	46	—	2	2	—	—	—	—	—	—	—	—	—	—	10	12	29	193	222
December ..	4	41	45	—	—	—	—	—	—	—	—	—	—	—	—	5	8	13	28	166	194
Year ..	21	493	514	—	7	7	—	1	1	—	2	2	—	1	—	30	192	222	330	2,385	2,715

TABLE O. Notification of Infectious Disease Classified for Age-Groups, 1958.

E. — European.

O. — Non-European.

	Tuberculosis: respiratory.					Tuberculosis: other forms.					Enteric.					Diphtheria.					Scarlet fever.					Erysipelas.					Cerebrospinal fever.					Infective encephalitis.				
	E.		O.		To-tal.	E.		O.		To-tal.	E.		O.		To-tal.	E.		O.		To-tal.	E.		O.		To-tal.	E.		O.		To-tal.	E.		O.							
	M.	F.	M.	F.		M.	F.	M.	F.		M.	F.	M.	F.		M.	F.	M.	F.		M.	F.	M.	F.		M.	F.	M.	F.		M.	F.	M.	F.	M.	F.				
0-1 year	-	2	34	67	10	10	-	-	-	1	20	-	-	-	2	7	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	3								
1-2 years	5	3	56	117	13	11	-	-	-	1	24	-	-	-	8	16	-	-	-	4	-	-	-	-	-	-	-	-	-	-	-	3								
2-5 "	3	4	94	174	12	14	-	-	-	1	28	-	-	-	6	19	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	2								
5-10 "	3	3	59	115	9	8	-	-	-	1	18	-	-	-	5	19	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-								
10-15 "	-	1	28	47	4	4	-	-	-	1	8	-	-	-	-	4	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-								
15-25 "	10	9	104	249	2	2	-	-	-	7	9	-	-	-	3	4	-	-	-	6	-	-	-	-	-	-	-	-	-	-	-	-								
25-35 "	13	12	191	337	1	3	-	-	-	3	6	-	-	-	3	4	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-								
35-45 "	16	8	130	197	-	1	-	-	-	4	1	-	-	-	-	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-								
45-55 "	23	8	84	139	-	-	-	-	-	-	3	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-								
55-65 "	15	4	45	79	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-								
65-75 "	4	1	16	28	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-								
75-85 "	1	1	5	9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-								
85 years and over	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-								
Unknown	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-								
Totals	93	55	803	1,560	3	52	59	117	2	-	16	28	46	13	9	19	35	76	39	48	5	11	103	2	-	3	-	11	11	25	-	6	2	10						

[illegible]

TABLE P. Notification of Infectious Disease Classified for Wards, etc., 1958.

E. — European. O. — Non-European.

Wards of the City, etc.	Tuberculosis respiratory system.			Tuberculosis, other forms.			Enteric fever.			Diphtheria.			Scarlet fever.			Erysipelas.			Cerebrospinal fever.			Infective encephalitis.		
	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.
1.	10	13	23	—	—	—	1	—	1	1	—	1	3	4	4	—	—	—	—	—	—	—	—	—
2.	5	44	49	—	4	5	—	—	1	2	—	—	3	—	—	—	—	—	—	—	—	—	—	
3.	2	43	45	—	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
4.	24	14	38	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
5.	7	104	111	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
6.	6	105	111	—	5	14	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
7.	15	87	102	—	9	29	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
8.	12	394	406	—	28	33	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
9.	17	21	38	—	9	29	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
10.	12	308	320	—	18	18	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
11.	4	7	11	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
12.	11	54	65	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
13.	7	20	27	—	9	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
14.	7	47	54	—	1	10	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
15.	9	148	157	—	8	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Not allocated	—	3	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Total, local cases ..	148	1,412	1,560	6	111	117	2	44	46	22	54	76	103	2	2	4	3	22	25	2	8	10		
Imported cases: From outside municipality	22	171	193	1	13	14	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Direct removals																								
To hospitals in municipality	16	149	165	5	60	65	4	48	52	29	97	126	26	2	—	2	4	15	19	3	1	4		
From ships in harbour ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Langa Township ..	—	255	255	—	19	19	—	3	3	—	2	2	1	—	—	—	—	1	1	—	—	—	—	

Wards of the City, etc.	Acute pollomyelitis.			Ophthalmia.			Puerperal fever.			Leprosy.			Trachoma.			Malta fever.			Whooping cough.			Total.			
	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	
1.	1	—	1	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	17	15	32	
2.	—	—	—	—	12	15	—	—	—	—	—	—	—	—	—	—	—	—	—	—	21	67	88		
3.	—	—	—	—	38	38	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	98	102		
4.	—	—	—	—	3	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	44	18	62		
5.	—	—	—	—	48	48	—	—	—	—	—	—	—	—	—	—	—	—	—	—	22	238	260		
6.	—	—	—	—	26	51	—	—	—	—	—	—	—	—	—	—	—	—	—	—	14	203	217		
7.	—	—	—	—	40	35	—	—	—	—	—	—	—	—	—	—	—	—	—	—	30	133	163		
8.	—	—	—	—	137	138	—	—	—	—	—	—	—	—	—	—	—	—	—	—	35	629	664		
9.	—	—	—	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	25	26	51		
10.	—	—	—	—	76	77	—	—	—	—	—	—	—	—	—	—	—	—	—	—	20	462	482		
11.	—	—	—	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	12	10	22		
12.	—	—	—	—	12	13	—	—	—	—	—	—	—	—	—	—	—	—	—	—	25	80	105		
13.	—	—	—	—	15	15	—	—	—	—	—	—	—	—	—	—	—	—	—	—	14	43	57		
14.	—	—	—	—	20	24	—	—	—	—	—	—	—	—	—	—	—	—	—	—	25	98	123		
15.	—	—	—	—	60	60	—	—	—	—	—	—	—	—	—	—	—	—	—	—	22	262	284		
Not allocated	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	3	
Total, local cases ..	7	20	27	21	493	514	—	7	7	—	1	1	—	2	2	—	1	1	—	30	192	222	330	2,385	2,715
Imported cases: From outside municipality	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	26	185	211	
Direct removals To hospitals in municipality	10	33	43	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	100	458	558	
From ships in harbour ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Langa Township ..	—	—	—	—	7	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	304	304	304

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